

2005 Membership Form



The Cayman Islands Triathlon Association

www.caymantri.com.ky

Name: _____ Date of Birth: _____ / _____ / _____
day month year

Sex: MALE / FEMALE

Mailing Address: _____

Phone: _____

E-mail: _____

Emergency contact name: _____

Emergency contact phone number: _____

Would you like to receive CITA's newsletter by email? YES / NO

Membership: NEW / RENEWAL

Individual CIS 35 / US\$ 44

**We appreciate your support, and look forward to seeing you at the many
kids and adult events we have planned for the season**

Cheques payable to: Cayman Islands Triathlon Association

Mail to: PO Box 2451GT, Grand Cayman, Cayman Islands

Thank You.