

APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

OCCUPATION: _____

I hereby apply to become a member of the above named incorporated association. On paying the membership fees, I agree to abide by the rules and regulations as set down in the clubs constitution. I hereby waive all claims whatsoever against the organisers and promoters in the event of any loss or damage of, or to, personal property or in the event of personal injury or death and recognise that the organisers and promoters can and will not be held responsible.

Signature of applicant (Guardian if under 18): _____

Date: _____

FEES

Fleas (U 14's)	\$60
Flea family (2 Fleas)	\$110
Cadets (U 16's), Juniors (U 18's), Womens, Opens, Seniors, Masters	\$100
Family	\$150

NOTE: fees cover insurance, club shirt, monthly point score charges, barbeques and must be paid by the second club round.

Receipt No: _____

Date paid: _____

Membership No: _____