

APPLICATION FOR MEMBERSHIP



WHEELCHAIR SPORTS WA ASSOCIATION INC.

1st January to 31st December 2016

I hereby apply for membership of the Wheelchair Sports WA Association.

Initial Membership

MEMBERSHIP CATEGORY

Single

Family (2 adults and all dependent children under 18)

PERSONAL DETAILS

Title: Surname: First Names:

Address

..... Post Code:

Phone: [Work] [Home] [Mobile]

Email: Male Female Date of Birth: / /

Disability: Cause of disability: Wheelchair: Yes No

How did you hear about Wheelchair Sports WA? [Please specify]

Hospital Advertising/Media Referral Other Details:

MEMBER DETAILS

If taking out family membership, please list ALL people living in your household that you wish to be covered below.

Name	Date of Birth	Relationship	Disability/Able Bodied	Want to Volunteer?
..... / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
..... / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
..... / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
..... / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
..... / /	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL DETAILS

Do you have a medical condition/history which may affect your participation with Wheelchair Sports WA Association?

No Yes - If 'Yes' please provide details in an attachment (Eg Asthma, Allergies etc)

SPORT DETAILS

Sport Specific Classifications (if known):

Main Sport/s of Interest

- Athletics
- Archery
- Bowls
- Paracycling
- Paracanoeing
- Paralympic Football
- Paratriathlon
- Powerlifting
- Wheelchair Rugby
- Sailing
- Shooting
- Swimming
- Table Tennis
- Wheelchair Basketball
- Wheelchair Tennis

Recreation Interests:

EMERGENCY CONTACT

Title: Surname: Given Names:

[Phone]: [Mobile] Relationship:

PARENT/LEGAL GUARDIAN CONSENT - in respect to an applicant under the age of 18 years.

I consent to this application and declaration for membership.

Surname:..... Given Names:

Signature:..... Date:

WHEELCHAIR SPORTS WA ASSOCIATION APPLICATION & DECLARATION

I, [insert name] of[insert address]

Hereby apply for membership of Wheelchair Sports WA Association Inc. In so applying and in consideration of my application for membership being accepted I declare, acknowledge and agree that:

- 1. I will be bound by the Wheelchair Sports WA Association Inc. Constitution and any regulations or policies made under that Constitution. (Note: Constitution and policies can be viewed on www.wheelchairsportswa.org.au)
- 2. I have voluntarily accepted and assumed the inherent risks of danger and injury associated with Wheelchair Sports WA Association sports and activities.
- 3. It is a term of my membership that Wheelchair Sports WA Association Inc. is absolved from all liability arising from injury or damage arising out of my membership and/or participation in any Wheelchair Sports WA Association Inc. authorised or recognised activity.
- 4. I indemnify Wheelchair Sports WA Association Inc. against, and forever discharge the Association from all actions, suits, proceedings, claims, demands, losses, damages, penalties, costs and expenses (however they arise) that I or any third party may have had or have commenced except for the indemnity and release arising from or in connection with my membership and/or participation in any Wheelchair Sports WA Association Inc. authorised or recognised activity.
- 5. I hereby consent to being photographed/filmed/interviewed for publication within Wheelchair Sports WA's internal and external publications, intranet and internet sites and other promotional material. This consent includes any external publication and electronic broadcast media.
- 6. I have read, understood, acknowledge and agree to the above declaration.

Signed: Parents signature:

Name: Date:

PAYMENT DETAILS

MasterCard Visa

Card Number: _____ Expiry Date: ____ / ____

Cardholder name: _____ Signature: _____

Family Membership - \$100 (\$60 with early payment discount, if paid before 31st January 2016)

Single Membership - \$50 (\$30 with early payment discount, if paid before 31st January 2016)

Additional Tax Deductible Donation: \$25 \$50 \$100 Other \$ _____

Or: Please deduct \$ _____ each month from my credit card until I advise otherwise.

EFT Payments using the following details:
BSB 036 073 Account 27 6774
Account Name: **Wheelchair Sports WA Association**
Please use Reference: **Your name - Member 2016**

Cheque/money order/credit card payments to:
PO Box 134, Mirrabooka WA 6941
Cheques payable to: Wheelchair Sports WA Assoc Inc

Membership payments may also be made via our web-site: www.wheelchairsportswa.org.au

Office Use Only:

Paid Access Outlook Newsletter Meeting

Herb Graham Recreation Centre
38 Ashbury Crescent
Mirrabooka WA 6061
PO Box 134,
Mirrabooka WA 6941.
t: 08 6143 5800 f: 08 6143 5820