



2008 MEMBERSHIP APPLICATION FORM

WELCOME TO WHEELCHAIR SPORTS NSW INC

Applications for Membership are made using this form - Board approval occurs each month. Annual Membership for the period 1st April 2008 to 31st March 2009 for both Full Members and Associate Members is \$30.00. (GST Inclusive).

NOTE: MEMBERSHIP IS FREE FOR FULL MEMBERS IN THEIR FIRST YEAR OF MEMBERSHIP ONLY AND FULL MEMBERS WHO ARE 12 YEARS AND UNDER.
❖ Free Membership is not available to Full Member Applicants who have been or are members of Interstate or International Disability Sports Organisations

TYPE OF MEMBERSHIP (please tick one box only):

Full Member (individuals with a disability) New Past Member
Associate Member (able-bodied) New Past Member

PERSONAL DETAILS (please let us know if your details change so we can update our records)

Title: _____ First Name(s): _____ Surname: _____
Address: _____ Postcode: _____
Telephone: (H) _____ (W) _____ Mobile: _____
Occupation _____ Full or Part time Fax: (H) _____ (W) _____
Email: _____ ❖ Tick here to receive your Newsletter by email:
Date of Birth: _____ School & Year (Jnrs only): _____

DISABILITY INFORMATION

Type of Disability (if any, please be as specific as possible): _____
(i.e. quadriplegic C6, paraplegic T10, spina bifida T12, amputee above knee)
Cause & Date of Disability: _____
Sport Specific Classifications (if known): _____

SPORT INFORMATION website: www.wsnsw.org.au

Main Sport/s of interest (choose from following list – mailouts to chosen sports – see website for any additional information):
Archery, Athletics, Basketball, Cue Sports, Fencing, Handcycling, Lawn Bowls, Power-lifting, Rugby, Shooting, Swimming, Tennis, Table Tennis
1. _____ 2. _____

PAYMENT DETAILS

Membership Fee can be paid by cash, cheque (To Wheelchair Sports NSW Inc), money order or credit card.
Visa Mastercard Money Order Cash Cheque
Name on Credit Card: _____ Amount: _____
Credit Card Number. _____ Expiry Date: ____ / ____

MEMBERSHIP AGREEMENT

I agree to be bound by the rules and regulations that Wheelchair Sports NSW Inc. sets down from time to time and to approve the use of my (my child's) name and image for marketing purposes.

Signed: _____ Date: _____
(Parent or Guardian if under 18 years)