



Membership Application Form 2007

Welcome to Wheelchair Sports NSW Inc. Applications for membership are made using this form and Board approval occurs each month. The yearly membership fee for Full members and Associate members is \$30.00. (GST Inclusive).

NOTE: MEMBERSHIP IS FREE FOR FULL MEMBERS IN THEIR FIRST YEAR AND MEMBERS 12 YEARS AND UNDER.

Type of membership (please tick one box only) :

Full (individuals with a disability)

New

Renewal

Associate (able-bodied)

New

Renewal

PERSONAL DETAILS

Title: _____ **First Name:** _____ **Surname:** _____

Address: _____ **Postcode:** _____

Telephone: (H) _____ (W) _____ **Fax:** (H) _____ (W) _____

Mobile: _____ **Email:** _____

Date of Birth: _____ **School & Year (juniors only):** _____

Occupation: _____ **Full** **or Part time**

Tick here to receive your Newsletter by email:

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 & VOLUNTEER INFORMATION

Main Sport/s of interest (choose from list below):

Archery, Athletics, Basketball, Cue Sports, Fencing, Handcycling, Juniors, Lawn Bowls, Power-lifting, Rugby, Shooting, Swimming, Table Tennis, Tennis

1. _____ 2. _____ 3. _____ 4. _____

Volunteer Please indicate areas of interest & relevant qualification/experience _____

PAYMENT DETAILS

Annual membership for the period 1st April 2007 to 31st March 2008 is \$30.00. (GST inclusive)

(Membership is free for full members in their first year and juniors 12 years and under)

Membership Fees can be paid by cash, cheque (To Wheelchair Sports NSW Inc), money order or credit card.

Visa Mastercard Bankcard

Name on Card: _____

Card No. _____ 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)

❖ Return by post, PO BOX 3244 Putney NSW 2112 or Fax: (02) 9809 5638 ❖