MASTERS ATHLETICS WA INC

MEMBERSHIP FORM - 1 APRIL 2010 - 31 MARCH 2011

PLEASE PRINT Surname…… Surname……

Given Name…… Given Name……

Address…… Suburb……Postcode……

Email…… Phone……

.

Emergency Contact Phone…… ANY CHANGES FROM LAST YEAR? YES / NO (please circle)

CLUB MONTHLY MAGAZINE "VETRUN" by email or view on club website only. Circle either EMAIL or WEBSITE

ANNUAL FEES SINGLE: $45 *METRO* / $39 *COUNTRY:* JOINT: $ 61 *METRO* / $48 *COUNTRY*

For Vetrun by email or website reduce by $10 to either $35, $29, $51or $38

SUNDAY COMPETITORS TO COMPLETE: IF NO SELECTION MADE ALLOCATION WILL BE TO SAME EVENTS AS 2009-10.
Please indicate AT LEAST TWO dates for helping (NOT Christmas Gift 19/12 as no helpers required)
Track and Field competitors are required to help regularly at T/F nights

NEW MEMBERS, TO COMPLETE (1) Male/ Female Date of Birth…… (2) Male/ Female Date of Birth……

Indicate preferred name eg Sue, Bill. Name (1)…….. Name (2))……

MEMBER WAIVER: In accepting membership of MAWA I acknowledge and agree that I am fully aware of the risks and hazards inherent in participating in MAWA organised events. I declare that I am in good health and that I will be properly conditioned for the activities that I will enter. I agree to assume all risks of loss, damage and injury including death that I may sustain as a consequence of my participation. I have received a copy of the MAWA Rules of Athletic Involvement and acknowledge that I have read, understood and agree to compete according to these rules. I release MAWA and its officers from any claims, actions, suits or demands of whatever nature, arising out of or related in any way to my participation in MAWA organised events.

Signed (1) ---------- Signed (2) ----------

PRIVACY ACT COLLECTION NOTICE: Masters Athletics WA Inc (MAWA) respects the confidentiality and security of your personal information and is committed to protecting it at all times. MAWA only collects such personal information as is necessary to promote your participation in MAWA events and to communicate with you. By completing a membership form you consent to the use and disclosure of your personal information as outlined in the MAWA Privacy Policy.

PAYMENT OPTIONS

Cheque: Make cheque payable to MAWA and post to: MAWA, 207 Abbett St Scarborough 6019

Credit Card: *Please make this payment of $…….. for Membership by* ☐ *VISA* ☐ *MASTERCARD*

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐.

Expiry date: ☐☐☐☐. *Cardholder's name……Signature……*

CLUB USE ONLY Date of Joining……Amount…… Welcome letter ☐ Program ☐.

AMA Book ☐ Membership Number…… Secretary……Date……Treasurer……Date……