MASTERS ATHLETICS WA INC

MEMBERSHIP FORM - 1 JANUARY 2012 - 31 MARCH 2013

PLEASE PRINT Surname……. Surname……

Given Name……..…… Given Name……..……..……

Address……. Suburb……..Postcode……

Email……Phone……..……

Emergency Contact Phone…… **Any changes from last year yes ☐ no ☐**

NEW MEMBERS TO COMPLETE

(1) Male / Female Date of Birth……..…
Indicate preferred name eg Sue, Bill.
Name (1)……..

(2) Male / Female Date of Birth…….
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 acknowledge that I will read the MAWA Club Guidelines and that I will agree to compete according to these. 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.

SUNDAY COMPETITORS: YOU MUST INDICATE AT LEAST TWO DATES FOR HELPING (Not Christmas Gift Run)
If no selection made, allocation will be to where required.
Track and field competitors are required to help regularly at T/F nights.

CLUB MONTHLY MAGAZINE "VETRUN" by email ☐ or download from club website ☐

ANNUAL FEES: SINGLE: $47 METRO / $41 COUNTRY JOINT: $65 METRO / $52 COUNTRY
For Vetrun by email or website reduce by $10 to $37, $31, $55 or $42

PAYMENT OPTIONS
Cheque: Make cheque payable to MAWA

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

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐.

Expiry date: ☐☐☐☐.

Cardholder's name…….....**Signature**……
Post to: **MAWA, 207 Abbett St Scarborough 6019**