

MEMBERSHIP



To become a member, please complete all questions.
This form must be completed by an adult if you are under the age of 13.

First Name :

Last Name :

Gender :

Male

Female

D.O.B :

Address :

Postcode

First Emergency Contact :

First Name :

Last Name :

Contact Number :

Relationship :

Second Emergency Contact :

First Name :

Last Name :

Contact Number :

Relationship :

Medical & Disability

Please provide medical & disability information below if necessary (e.g. allergies, asthma, other) :

Application Declaration

Full Name :

Date :

*Signature :