

Wheelchair Sports Victoria Family Membership Form

For new members and renewal.

1st July 2008- 30th June 2009



New Membership

Renewal

Athlete Details

Title: _____ First Name: _____ Surname: _____

Address: _____ Postcode: _____

Phone: (H) _____ (W) _____ (Mob.) _____

Fax: _____ Email: _____

Male: Female: Date of birth: ____ / ____ / ____ Type of Disability: _____

Cause of Disability: _____ Date of Injury: _____

I want to receive correspondence via: Email Post

Optional Information:

Occupation: _____ Qualifications: _____

Areas of Expertise/Interest: _____

Coaching Accreditation: _____

Please list all family members to be included in the membership:

NAME	D.O.B.	Relationship	Disability/Able Bodied	Interest in Volunteering
1. _____	____ / ____ / ____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	____ / ____ / ____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	____ / ____ / ____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. _____	____ / ____ / ____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Alternative Contact:

Title: _____ First Name: _____ Surname: _____

Address: If different from above _____ Postcode: _____

Phone: (H) _____ (W) _____

Main sporting & recreational interest/s (choose from list below): -

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Junior Camp | <input type="checkbox"/> Shooting / Airweapons |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Lawn Bowls | <input type="checkbox"/> Snow Skiing |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Netball | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Field Events | <input type="checkbox"/> Powerlifting | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Racing | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Handcycling | <input type="checkbox"/> Rugby | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Other. Please Specify: _____ | | |

The information provided will enable us to keep you updated about your sporting interests

I am currently active in: (eg Basketball, swimming etc) _____

