

Wheelchair Sports Victoria

Full/Associate Membership Form
1st July 2009—30th June 2010



New Membership Renewal

Title _____ First Name: _____ Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Type of Disability: _____

Cause of Disability: _____

PLEASE CHOOSE FROM LIST BELOW

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

Full Member: Please indicate your main sporting & recreational interest/s

Associate: Please indicate which WSV sport programs you are interested in being actively involved in?

- Active Masters
- Athletics
- Basketball
- Boccia
- 7-a-side Football
- Handcycling

- Junior camps
- Lawn Bowls
- Rowing
- Rugby
- Shooting

- Swimming
- Snow Skiing
- Table Tennis
- Tennis
- Water Skiing

I am currently active in: _____

Wheelchair Sports Victoria ensures that all membership details are securely maintained.

I _____ consent to the publication and/or use in any form of media whatsoever of my name, image, voice, statements or otherwise, before, during or after any event/competition, whether for advertising, promotion or otherwise, without payment of compensation. I further agree to present the Wheelchair Sports Victoria in a positive manner in any media opportunity.

Signature: _____ Date: ____/____/2010