

# Wheelchair Sports Victoria Single/Associate Membership Form

For new members and renewal.  
1<sup>st</sup> July 2008- 30<sup>th</sup> June 2009



New Membership

Renewal

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob.) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I want to receive correspondence by  Email  Post

Male:  Female:  Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Type of Disability: \_\_\_\_\_

Cause of Disability: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

## Optional Information:

Occupation: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Areas of Expertise/Interest: \_\_\_\_\_

Coaching Accreditation: \_\_\_\_\_

Member Type: Volunteer  Athlete  Associate

## Emergency Contact: (for athletes & volunteers)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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## PLEASE CHOOSE FROM LIST BELOW

Athlete  Please indicate your main sporting & recreational interest/s

Volunteer  Please indicate which WSV events you are interested in volunteering

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <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          |

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) \_\_\_\_\_

PLEASE LIST ANY SPORTING EVENTS ATTENDED IN THE PAST 12 MONTHS

Event:

Date:

Result:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Details:

**A Single Membership is \$22.00 Inc GST**

- Payments can be made in cash at the office of WSV: 341 George Street, Fitzroy Vic 3065 or post your Cheque/money order to WSV PO Box 207, Abbotsford, Vic, 3067

- Payments can be made by credit card by completing the following details:

Name (on credit card): \_\_\_\_\_

Type of card:                       Mastercard                          Visa                          Bankcard   

Credit Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

- Payments can be made from your Levy Account by completing the following:

I authorize the payment of \$22.00 from my Levy Account.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY**

Board approval: \_\_\_\_\_ Date: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Payment Type:     Chq     Cash     C/C     Levy

Bpay No.: \_\_\_\_\_