



Membership Application Form

PLEASE RETURN TO: Club President – info@southporttriclub.com |

Individual or Family Member Contact

First Name _____ Surname _____

Address _____

Suburb _____ Postcode _____ D.O.B _____ Sex **M / F**

Telephone _____ Mobile _____

E-mail _____

Emergency contact & number _____

Any health issues the club should be aware of? (e.g. asthma) _____

Other Family Members

Name _____ D.O.B _____ Sex : **M / F**

Name _____ D.O.B _____ Sex : **M / F**

Name _____ D.O.B _____ Sex : **M / F**

Name _____ D.O.B _____ Sex : **M / F**

Membership Fees 2009-10

	Cost	
Adult	\$50.00	
Junior (u/18)	\$40.00	
Family	\$90.00	
One-off joining fee*	\$50.00 *one-off joining fee per family	
		TOTAL \$

I hereby enclose membership fee/s of \$_____ for the 2009/10 season (01/09/09 to 31/08/10).

I, whose signature appears below, in consideration of and as condition of acceptance of my membership of the Southport Triathlon Club Inc, for myself, my heirs, executors and administrators, hereby waiver all and any claim right or cause of action which, my heirs, executors and administrators, might otherwise have for or arising out of the loss of my life or injury, damage or loss of any description whatsoever, which I may suffer or sustain in the case of or consequence upon my entry or participation in any event approved or conducted by the said Club. I also abide by the rules that may be designated in relation to any event conducted by the said Club.

Signed _____

Date _____