

Vision Triathlon Club

New/Renewing Member Application Form



Membership Options (Circle One)	Family		Individual		Account Details A/C Name: Vision Triathlon Club BSB: 124001 A/C No: 20336615		
	\$85 (up to 2 Adults, 2 Children)		\$55				
	All membership fees are current to 30 June 2011						
Membership Details							
Single/Primary Family Member	Surname	First Name	DOB	TQ Member No	E-mail		
Additional Family Members							
Street Address		Suburb	Post Code	Phone	Mobile		
Emergency Contact 1	Phone No	Mobile	Emergency Contact 2	Phone	Mobile		
Medical conditions your coach needs to know about (Detail for each person if Family)							
Medication your coach needs to know about							
I have read and understood the club rules & conditions and agree to abide by them. (Circle)						YES	NO
<input type="checkbox"/> Tick Here if you do not wish your contact details passed on to club sponsors for promotional material							
Signature (Primary Member)					Date		
Seconder (Club Member)					Date		

All personal information is kept confidential in the club database. Basic contact details only are passed on to sponsors unless otherwise indicated. Personal medical information is to assist the club coaches with tailoring training sessions.