

Vision Triathlon Club

New/Renewing Member Application Form 2011-2012



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)		\$65 New Member			
	Junior		\$55 Renewing Member			
	\$25		All Fees Due 31 July 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
I agree to have my birthday added to the Vision Social Calendar (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 Member)			(Primary	Date		
Secondar (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.