

**VICTORIAN ELECTRIC WHEELCHAIR SPORTS ASSOCIATION
INCORPORATED**

Reg. No. A0020182K ABN No 54 171 697 981

APPLICATION FOR MEMBERSHIP

I, _____
(Full name of applicant - Please print)

of _____

_____ Postcode _____

Tel: _____
(Home) (Work) (Mobile)

_____ (Email)

Occupation _____

Desire to become a member of the **VICTORIAN ELECTRIC WHEELCHAIR SPORTS ASSOCIATION INCORPORATED.**

The category of membership for which this application is made is:

(Delete as necessary)	Joining Fee	+ Annual Fee
• Ordinary Member (over 16 years of age)	\$2.00	+ \$14.00
• Junior Member (under 16 years of age) Date of birth ___/___/___	\$2.00	+ \$ 6.00
• Organization Membership	\$2.00	+ \$35.00
• Playing Fees (full season)(Prorata will apply if joining midyear, treasurers discretion)		\$70.00

Declaration

1. I agree with and am supportive of the Statement of Purposes of the Association for the time being in force.
2. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.
3. I have applied for the correct category of membership in relation to my true age.
4. I consent to have my photo shown for VEWSA publicity/marketing material
(NO personal details of names or address will be used)

(Signature of applicant) (Date)

Parent/Guardian approval of application for Junior membership is hereby given by :-

(Full Name)

of _____
(Address)

in the capacity of Parent/Guardian.

(Signature of Parent/Guardian) (Date)

Your Email address

Forward application to: Hon. Secretary
VEWSA Inc
PO Box 4002
MULGRAVE VIC 3170