

OFFICE USE ONLY

## PEMBERTON SPORTS CLUB INC

Club Road, Pemberton WA 6260

Phone: (08) 9776 066 Email: admin@pembertonsports.com.au

## **APPLICATION FOR MEMBERSHIP**

Pemberton Sports Club requires the information below for use in relation to applying for Club Membership. Your details will be disclosed to the following personnel: Club Secretary and Board Members. You will be able to access you personal information through the Pemberton Sports Club upon reasonable notice.

	Name:	Date of Birth:
Please read and tick each box. I Agree to:    lagree to abide by the Clubs' Code of Conduct and Rules.   Participate for fun and enjoyment.   Treat all members and staff with respect and dignity regardless of their ability, gender, sexuality or cultural background.   Demonstrate self discipline – control my emotions and abusive language.   Support necessary fundraising activities.   Dress appropriately – No Shoes = No service.   Represent the Club with pride and good sportsmanship.   lagree and have no objection to any images/photographs of me being taken and used for club purposes only. Eg PowerPoint presentation, social medial & websites.  Declaration:   lagree to pay all fees by date/s specified.   lagree to comply with the Club's constitution, Associations Constitution and BY-Laws.   lagree to maintain the confidentiality of matters between me as a Club member and the Board at all times.   l understand that the personal information provided on this form will be used for Registration purpose only.   l understand that if I do not provide the information requested on the form, the Club might not be able to process my registrations and i will not be eligible to become a member or complete in Club competitions.  I have read, understood and agree to the above terms. I warrant that all information is true and correct and that I am over 18 years of age.  Signed  Member:	Address:	Postcode:
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Proposed By:Seconded By:	Signed	
	Member:	Date:
Before consideration by the Board that application must appear on the notice board for not less than 21 days from the	Proposed By:	Seconded By:

Payment Receipt #\_\_\_\_\_

Paid By Sign:\_\_\_\_\_