

# APPLICATION FOR MEMBERSHIP FIT (FEMALES IN TRAINING) INC.

Membership Year 1 July 2011 - 30 June 2012



**Personal Details (please print clearly)**

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Home Ph:** \_\_\_\_\_

**Work Ph:** \_\_\_\_\_ **Mobile Ph:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Repeat Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

- FIT is sometimes asked to assist in surveys related to Women's Sport. Please check if you agree to have your details passed on to others sanctioned by the FIT Committee.
- FIT sends out a regular email newsletter containing details of coming events. Please check if you would like to receive these emails (you can unsubscribe at any time).

**Skills and Resources**

FIT is a voluntary organisation. Are there any areas in which you feel you may be able to help to keep the costs of providing services to our members to a minimum? .....

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**Consent**

1. I, the undersigned, as a condition of acceptance of my entry in FIT for myself, my heirs, executors and administrators, hereby waive all and any claim of action which I or they might have for or arising out of my death, disability, personal loss of injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of activities organised by FIT.
2. I certify that I am physically fit and have not been advised otherwise by a qualified medical person and have sufficiently trained and prepared for participation in the training and related activities organised by FIT.
3. I hereby consent to receive medical treatment which may be deemed advisable in the event of any injury accident and/or illness during any activity organised by FIT.
4. I understand that membership fees are not refundable upon my leaving FIT.
5. I understand that my membership may be revoked at any time if I do not abide by the constitution of FIT.
6. I hereby consent to the publication of or use in any form of media whatsoever of my name, photograph, image, statements or otherwise in any context pertaining to FIT whether for advertising promotion or otherwise.
7. I hereby certify that I have read this document and I understand its contents.

**Signature**..... **Date** .....

**Membership Fees:**

- New Member**     1 year **\$40**             2 year **\$75**             3 year **\$110**
- Renewing Member**     1 year **\$35**             2 year **\$70**             3 year **\$105**

Method of Payment:  Cash     Cheque\*     MasterCard     Visa     Bankcard

\* Please make cheques payable to **Females In Training** and mail to **FIT Membership, GPO Box 502, CANBERRA ACT 2601**

If paying by Credit Card please provide details below:

Name on Card:..... Signature .....

Card Number: ..... Expiry Date .....

**FIT Use Only**

Membership Officer	Date Membership Processed		Initial	
Treasurer	Date Cash/Cheque Received		Initial	