

Club Membership

Club Name:			
Contact Person First Name:		Contact Person Surname:	
Position:			Title:
Postal Address:			
Suburb:		State:	Post Code:
Business Ph:		Mobile Ph:	
Email:			
Web address:			
Club Description (sports, ages, special interests etc.):			

Membership Fee (incl GST):			
<i>Category</i>	<i>Joining Fee</i>	<i>Annual Fee</i>	<i>Total</i>
<input type="checkbox"/> Club member	0	240	\$240
Payment Details:			
Payment Method:		Amount Payable \$ _____	
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card			
Credit Card Type:			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Card Number: _____ / _____ / _____ / _____		Expiry date: _____ / _____	
Full Name on Credit Card _____		Signature for Authorisation _____	
Declarations:			
I certify that the information supplied on and with this form is true and correct.			
I agree to abide by the Sports Medicine Australia Code of Ethics.			
Signed: _____		Date: _____	