



# Sports Trainer Member

<b>First Name:</b>		<b>Surname:</b>									
Title:	Date of Birth:										
<b>Postal Address</b>											
Suburb:		State:	Post Code:								
Home Ph:		Business Ph:									
Mobile Ph:		Fax:									
Email:											
<b>Current Accreditation No.</b>		Profession:									
<p><b>Membership and Insurance Fees</b> (incl GST): Sports Trainer Membership includes insurance for personal accident and sports liability cover through Jardine Lloyd Thomson Australia. More information about Jardine Lloyd Thomson Australia can be found at: <a href="http://www.jlta.com.au">www.jlta.com.au</a> Sports Trainers membership is offered for the period of 12 months from the date of payment. There are no pro-rata fees applicable.</p> <table><thead><tr><th>Category</th><th>Fee</th></tr></thead><tbody><tr><td><input type="checkbox"/> Sports Trainer Membership</td><td>\$170</td></tr><tr><td><input type="checkbox"/> Sports Trainer Membership for students</td><td>\$150</td></tr><tr><td><input type="checkbox"/> Sports Trainer Membership without insurance</td><td>\$85</td></tr></tbody></table> <p>Student membership is only available to full-time students and must be accompanied by a copy of current student identification</p>				Category	Fee	<input type="checkbox"/> Sports Trainer Membership	\$170	<input type="checkbox"/> Sports Trainer Membership for students	\$150	<input type="checkbox"/> Sports Trainer Membership without insurance	\$85
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<input type="checkbox"/> Sports Trainer Membership	\$170										
<input type="checkbox"/> Sports Trainer Membership for students	\$150										
<input type="checkbox"/> Sports Trainer Membership without insurance	\$85										
<p><b>Payment Details:</b></p> <p>Payment Method: <input type="checkbox"/> Cheque    <input type="checkbox"/> Money Order    <input type="checkbox"/> Credit Card    Amount Payable \$ _____</p> <p>Credit Card Type: <input type="checkbox"/> Visa    <input type="checkbox"/> Mastercard</p> <p>Card Number: _____ / _____ / _____ / _____    Expiry date: _____ / _____</p> <p>Full Name on Credit Card _____    Signature for Authorisation _____</p>											
<p><b>Declarations:</b></p> <p>I certify that the information supplied on and with this form is true and correct.</p> <p>I agree to abide by the Sports Medicine Australia Sports Trainer Code of Ethics.</p> <p>Signed: _____    Date: _____</p>											