

2009 Affiliation Form



netball
WESTERN AUSTRALIA

Note: Indicate YES with a tick

Please ensure that all details are correct prior to signing and returning to your coordinator.

Netball WA Membership Number				New Member	
First Name			Female		Male
Surname					
Address					
City/Suburb		Postcode		State	
Date of Birth	If this field is left blank, a default date of birth of 01/01/1950 (senior) will occur				
Mobile Tel.		Home Tel.			
Occupation		Work Tel.			
Email	I would like to receive the Netball WA e-newsletter		I would like to receive the West Coast Fever e-newsletter		
Region					
Association					
Club	Last playing level/grade:		Season/year:		
*Are you of Aboriginal or Torres Islander descent?			* Do you have a disability?		
*Optional - To be used for statistical purposes only and will assist Netball WA in better servicing of members					

ACCREDITATION (if applicable)					PREMIER/STATE LEAGUE			
COACH	✓	Expiry	UMPIRE	✓	Expiry	Are you a registered Premier or State League player?	Premier League	
Foundation			National C				State League	
Development			National B			Club:		
Intermediate			National A			OTHER RELEVANT INFORMATION		
Advanced			National A Endorsed			_____		
Elite			National "AA"			_____		
High Performance						_____		

I authorise a Netball WA, Region or Association official to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred. Members participating in the Premier League or State League competition may be subject to random drug testing.

By completing this form, I agree to abide by the Constitution and Rules of the Region, Association, Club and Netball WA - Contact Netball WA for details.

Member signature (or parent/guardian if under 18):

Parent/guardian name (if under 18):

INTERIM MEMBERSHIP IDENTIFICATION



First Name:	Last Name:	Club:	Association:
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Membership Receipt

Tear off for Member to keep as proof of Membership

See over for Netball WA Privacy Policy extract. Please see www.netballwa.com.au or contact Netball WA for a full version.

Member Name		Member Number (if known)	
Form/Fee collected by		Team/Club/Association	
Sign			