

MEMBERSHIP APPLICATION

(Incorporated under the Associations Incorporation Act 1984)



FULL NAME _____
ADDRESS _____
EMAIL _____
PHONE _____
D.O.B _____

PLAYER* \$120 REFEREE* \$120
VOLUNTEER \$ 40 FRIEND OF S.R.D.L \$ 25

EACH MEMBERSHIP FEE IS PAYABLE ANNUALLY

PAYMENT METHODS

Cheque/money order: payable to Sydney Roller Derby League Inc.

OR

Direct Deposit: Commonwealth Bank BSB: 062-284 Account: 1029-4970

Please insert your name as the reference for direct deposits and attach proof of payment to this membership form.

Please indicate the areas (if any) that you are interested/skilled in:

Fundraising Event Management Administration
Sponsorship Merchandising Media
Officiating Sound/Music Venue Hire

Would you like to receive newsletters from SRDL? YES / NO

Do you wish to receive a copy of our Constitution? YES / NO

*MEDICAL INFORMATION FORM COMPLETED? *(please attach)* YES / NO

I certify that the information provided in this form is accurate. I hereby apply to the Sydney Roller Derby League Inc. for membership and agree to abide by the rules and regulations of that Association. I acknowledge that this membership application is subject to the approval of the Executive Committee of the Association.

Signature of applicant

Date

Please hand completed membership forms to the Secretary, or post with payment to:

Attn: Membership Officer
Sydney Roller Derby League
P.O. Box A765
Sydney South, NSW, 1235

SRDL USE ONLY

ASSESSMENT PASSED:	TOTAL PAID:	SIGNED:	DATE OF APPROVAL: