



Membership Application/Renewal Form (from 1st January 2020)

Title	Surname	Given Name	Preferred Name	Date of Birth
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___

Address: _____
_____ Post code: _____

Telephone No: 1. _____ 2. _____

Email: _____

Emergency contact: Name _____ Phone No. _____

Occupation (optional): _____

Signature of Applicant: _____

Fees: Joining fee: \$10.00 per person \$ _____

Course fee: _____ \$ _____

Annual Subscription: First Adult: \$40.00 \$ _____

Additional Adult: \$30.00 \$ _____

Under 16: \$15.00 \$ _____

Total Amount Enclosed \$ _____

Fees include compulsory Public Liability & Personal Accident Insurance for all persons over 16 years of age.

Office use only: Date received ___/___/___