MEMBERSHIP APPLICATION FORM

Wagga Triants Triathlon Club

PO BOX 5051 WAGGA WAGGA NSW 2650

DETAILS

NAME:

ADDRESS :

PHONE : *Home* *Mobile*

DATE OF BIRTH / /

TYPE OF MEMBERSHIP REQUIRED : *Senior, Junior, Family*

TRIATHLON NSW MEMBERSHIP No. (if applicable):

Email Address :

NEW MEMBER(s) AND RENEWAL - Valid to 30/06/2010

SENIOR	☐	*$20*
JUNIOR	☐	*$10**	**18yrs and under as at 31.12.09*
FAMILY	☐	*$25***	*** 2 or more members must live at the same address*

Make Cheques Payable to: ***Wagga Triants Triathlon Club Inc.***
PO Box 5051, WAGGA WAGGA NSW 2650

FAMILY MEMBERSHIP DETAILS

Christian Name of Family Member	*Date of Birth*	*Tri NSW Member No. (if applicable)*
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

DECLARATION

In consideration of the acceptance of my membership I, my heirs, executors and administrators release and forever discharge Wagga Triants Triathlon Club Inc, its servants, agents or subcontractors, all instrumentalities, cities, states or councils where this membership is valid, of all liabilities, claims, actions, damages, costs or expenses for which I may have against them arising out of or in any way with my membership of this club. I understand that this waiver includes any claims based on negligence action or inaction by any of the above parties. New membership valid to 30/06/2010

Signature : Date: / /

Parent/Guardian (if under 18) : Date: / /

OFFICE USE ONLY: Member No. Amount $ Rec No.