



REGION V  
AUSTRALIA

## MEMBERSHIP APPLICATION

Surname			
Address			
Suburb		Postcode:	
Phone	M:	H:	
Email			

Members Name Details			
Name:	M / F	AGE:	DOB:
Name:	M / F	AGE:	DOB:
Name:	M / F	AGE:	DOB:
Name:	M / F	AGE:	DOB:
Name:	M / F	AGE:	DOB:
Name:	M / F	AGE:	DOB:
Name:	M / F	AGE:	DOB:

Membership	Cost	Please Indicate
Individual Junior	\$ 40.00	
Individual Senior	\$ 60.00	
Family	\$ 120.00	
Social / Official	\$ 10.00	
Life Member	-----	

Junior – Guardians Details		
Name:	Home:	Mobile:
Address:		

\*Junior Members must be Under 18 by 31<sup>st</sup> December.  
 \*Family Membership all parties must reside at same address, all children must be Under 18 by 31<sup>st</sup> December.

INFORMATION		Office Use
<b>Emergency Contact:</b>	<b>Name:</b> <b>Phone Number:</b> <small>(Your Emergency Contact should be a person who will most likely NOT be participating in this Event, or in case of a Junior the Emergency Contact should be a Parent/Guardian)</small>	
<b>SRA Current Season Member</b>	<b>Yes    No</b> <small>(Please Circle)</small>	<b>Member No:</b>

### Ambulance Cover

It is a requirement of Region V Australia Membership that all members have Ambulance Cover-

I, .....understand that  
 I/We are required to have my/our own Ambulance Cover, I will be responsible for the cost of any necessary Ambulance Services.

Signature: .....Date: .....