



www.carinaleaguestriathlonclub.com

Club Patron: Loretta Jones (nee Harrop)

ANNUAL MEMBERSHIP APPLICATION FORM

- § PLEASE COMPLETE ONE APPLICATION FORM FOR EACH INDIVIDUAL MEMBERSHIP
- § PLEASE RETURN YOUR MEMBERSHIP APPLICATION FORM AND PAYMENT TO A CARINA LEAGUES TRIATHLON CLUB COMMITTEE REPRESENTATIVE
- § MEMBERSHIPS EXPIRE ON 30TH SEPTEMBER EACH YEAR
- § THE CLUB MAY DENY YOUR MEMBERSHIP IF YOU DO NOT SUPPLY THE REQUIRED INFORMATION.
- § FOR COMPETITIVE/ TRAINING MEMBERSHIPS A 25% FEE DISCOUNT APPLIES FOR FAMILY MEMBERSHIPS (3 FAMILY MEMBERS OR MORE) – ALL FAMILY MEMBERS MUST COMPLETE AN APPLICATION FORM.

APPLICANT'S NAME: _____

D.O.B: ____ / ____ / ____

SEX: MALE / FEMALE

APPLICANT'S DECLARATION:

I hereby apply for membership of your Club and if accepted as a member, agree to abide by all Policies, Rules and By Laws of the Club that may be in force from time to time. Specifically, I have read, understand and agree to the terms and conditions of the *Child Protection Policy, Code of Conduct, Membership Terms and Conditions and Group Cycling Policy.*

I agree that whilst engaged in any activities with the Carina Leagues Triathlon Club that I do so at my own risk. I, the person whose signature appears on this Membership Application Form, in consideration of, and as a condition of acceptance of my membership application on behalf of myself, heirs, executors and administrators, hereby waive all and any claim, whatsoever which I or they might otherwise have or arising out of loss of my life or injury, damage or loss of any description whatsoever which I suffer or sustain in the course of my membership with the Carina Leagues Triathlon Club.

I understand that my membership fees are non-refundable. I also grant the Carina Leagues TRIATHLON CLUB permission to use my image or likeness to promote the club where it sees fit in accordance with Club Policy.

I enclose \$60.00 (includes GST) being the prescribed *ANNUAL "COMPETING / TRAINING" CLUB MEMBERSHIP FEE*

OR

I enclose \$10.00 (includes GST) being the prescribed *ANNUAL "ASSOCIATE" CLUB MEMBERSHIP FEE*

APPLICANT'S SIGNATURE: _____ DATE ____ / ____ / ____
(If U/18 years of age, parent/guardian to sign on behalf of Applicant)

(Office Use Only)

Fee Paid \$ _____ Date ____ / ____ / ____ Receipt No: _____





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APPLICANT'S DETAILS

FULL NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE / MOBILE: _____

EMAIL: _____

TRIATHLON QUEENSLAND (TQ) LICENCE No ¹: _____

BLUE CARD NO (IF AVAILABLE): _____

BLOOD TYPE: _____

SPECIAL NEEDS / MEDICATIONS / ALLERGIES: _____

EMERGENCY CONTACT DETAILS

PRIMARY CONTACT

NAME: _____

ADDRESS: _____

TELEPHONE/ MOBILE: _____

SECONDARY CONTACT

NAME: _____

ADDRESS: _____

TELEPHONE/ MOBILE: _____

¹ In line with the Terms of Conditions of CLTC membership, it is a mandatory requirement for Competing / Training Members to provide their TQ Licence number. If you are not a Financial Member of Triathlon QLD or the Carina Leagues Triathlon Club by 1 October each year you will not be permitted to train with the Squad.

