

2010 Affiliation Form



Note: Please indicate YES with a tick or a cross
Please ensure that all details are correct prior to signing and returning to your coordinator

| | | | |
|--|--|--|--------------|
| Netball WA Membership Number | | <input type="checkbox"/> New Member | |
| First Name | | Female | Male |
| Surname | | | |
| Address | | | |
| City/Suburb | | Postcode | State |
| Date of Birth | *If this field is left blank, a default date of birth of 01/01/1950 (senior) will occur | | |
| Mobile Tel. | | Home Tel. | |
| Occupation | | Work Tel. | |
| Email | I would like to receive the Netball WA e-newsletter <input type="checkbox"/> YES <input type="checkbox"/> NO I would like to receive the West Coast Fever e-newsletter <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Region | | | |
| Association | | | |
| Club | Last playing level/grade: | | Season/year: |
| | | | |
| *Are you of Aboriginal or Torres Islander descent? <input type="checkbox"/> YES <input type="checkbox"/> NO | | *Are you considered a person with a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| *Optional – To be used for statistical purposes only and will assist Netball WA in better servicing of members | | | |

| ACCREDITATION (if applicable) | | | | PREMIER/STATE LEAGUE | |
|-------------------------------|--------------------------|---------------------|--------------------------|--|--|
| COACH | Expiry | UMPIRE | Expiry | Are you a registered Premier or State League player? | <input type="checkbox"/> Premier League <input type="checkbox"/> State League |
| Foundation | <input type="checkbox"/> | National C | <input type="checkbox"/> | Club: | |
| Development | <input type="checkbox"/> | National B | <input type="checkbox"/> | OTHER RELEVANT INFORMATION | |
| Intermediate | <input type="checkbox"/> | National A | <input type="checkbox"/> | | |
| Advanced | <input type="checkbox"/> | National A Endorsed | <input type="checkbox"/> | | |
| Elite | <input type="checkbox"/> | National "AA" | <input type="checkbox"/> | | |
| High Performance | <input type="checkbox"/> | | | | |

I authorise a Netball WA, Region or Association official to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred. Members participating in the Premier League or State League competition may be subject to random drug testing.

By completing this form, I agree to abide by the Constitution and Rules of the Region, Association, Club and Netball WA – Contact Netball WA for details.

Member signature (or parent/guardian if under 18): _____

Parent/guardian name (if under 18): _____

Member Identification & Membership Receipt