



Boondall Synchronized Ice Skating Club Inc.

ABN: 5929 6900 973

(Affiliated with Ice Skating Queensland Inc.)

c/- Iceworld Boondall, PO Box 722 Virginia BG Qld 4014

www.boondallsynchro.org.au

Membership Application Form _____

(year)

Application Type: Renewal New Membership Previous Member Rejoining

Membership Class: Senior Skating Junior Skating Non-Skating

(Please tick applicable boxes)

Name: _____ **BSISC Membership No.:** _____

(For Renewal & Rejoining Applications only)

Date of Birth: ____/____/____

Male **Female**

(New Skating Members to provide copy of Birth Certificate or Passport.)

Home Address: _____

Postcode: _____

Postal Address (If different from home address): _____

Postcode: _____

Phone (Home): _____ **Phone (Work):** _____

Phone (Mobile): _____ **Fax:** _____

Email: _____

For Junior Skating Members only:

Parent(s)/Carer(s) Name(s): _____

Parent(s)/Carer(s) Email: _____

For Skating Members only:

Test Levels: Synchronized: _____ Dance: _____ Singles: _____

Synchronized Skating Experience : Years: _____ Team(s): _____

Membership Fees:

New/Rejoining member fee	
Senior or Junior Skating member	
Non-Skating member	
Total Fees Payable	

Payment by: Cash Cheque* Direct Deposit**

* Cheques are to be made payable to *Boondall Synchronized Ice Skating Club Inc.* It is a banking requirement that the Club name must not be abbreviated on the cheque.

** For payment by direct deposit, please attach a copy of the transaction approval from your financial institution.

Applicant Declaration

(PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby apply to renew my membership/become a member of Boondall Synchronized Ice Skating Club Inc. I agree to be bound by the Rules of the Club and to comply with the Club's Behaviour Management Policy. I agree to pay all fees and other amounts owing to the Club when due for payment. I am aware of the insurance cover held by the Club and by Ice Skating Australia.

Signature: _____ Date: ____/____/____

Witnessed by: _____

For Junior Skating Members a Parent/Carer must also sign this declaration.

Signature: _____ Date: ____/____/____

Witnessed by: _____

For new membership applications and for previous members rejoining only:

Proposed by:

Name: _____
(please print)

BSISC Membership No.: _____

Signature: _____

Seconded by:

Name: _____
(please print)

BSISC Membership No.: _____

Signature: _____

Club Use Only

All applicable joining/membership fees received: _____ (Init.)

Proof of age submitted (for Skating Members): _____ (Init.)

Membership Approved at Meeting on: ____/____/____ _____ (Init.)

Membership number: _____

Details entered in Membership Register: _____ (Init.)

Membership Card issued: _____ (Init.)