



I/We wish to apply for membership: (choose one)  Senior  Junior  Family

<p><b>Membership fees</b></p> <p>Taylor's Mistake Trust Donation \$200          Family (more than three U14s) \$120  <b>Plus Junior Gear Maintenance \$25 (1 per family)</b>          Senior \$110          U16 or U19 \$70          Additional U16 or U19 \$35          Junior \$50          Additional Junior \$25 x 1 2 3  <b>Plus Junior Gear Maintenance \$25 (1 per family)</b>          Patrol Only \$40          Social Member \$40</p> <p>* Senior Gear Allocation Fee is invoiced once gear is allocated</p>	<p><b>Payment Options</b> TOTAL COST \$_____</p> <p>Please indicate your preferred payment method</p> <p><input type="checkbox"/> Internet bank to account: <b>03-0802-0363591-00</b></p> <p><input type="checkbox"/> EFTPOS <input type="checkbox"/> Cash <input type="checkbox"/> Cheque</p> <p>I agree to:</p> <p><input type="checkbox"/> Abide by the rules of the TMSLSC Club  <input type="checkbox"/> Pay fees on receipt of the club's invoice (if applicable)</p> <p>Sign _____ Date _____</p>
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**Home address/postcode:**

KEY EMERGENCY CONTACTS	RELATIONSHIP	KEY CONTACT PHONE NUMBERS
Name:		1
Name:		2

**Junior Membership** (Under 14 years)

Name:	DOB:	Phone:
Name:	DOB:	Phone:
Name:	DOB:	Phone:

**Seniors** (U16, U19, Open, Masters)

1. Name:	DOB:	Phone: h                      w
Email:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile:
Interest (select as many as required) <input type="checkbox"/> Patrol <input type="checkbox"/> Competition <input type="checkbox"/> Social membership		
2. Name:	DOB:	Phone: h                      w
Email:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile:
Interest (select as many as required) <input type="checkbox"/> Patrol <input type="checkbox"/> Competition <input type="checkbox"/> Social membership		
3. Name:	DOB:	Phone: h                      w
Email:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile:
Interest (select as many as required) <input type="checkbox"/> Patrol <input type="checkbox"/> Competition <input type="checkbox"/> Social membership		
4. Name:	DOB:	Phone: h                      w
Email:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile:
Interest (select as many as required) <input type="checkbox"/> Patrol <input type="checkbox"/> Competition <input type="checkbox"/> Social membership		

PARENT CONTACT DETAILS (for U14/U16)	RELATIONSHIP	KEY CONTACT DETAILS
Name:		Phone:
(or write as above to use Key Emergency Contact details)		Email: