

**TASMANIAN MASTERS ATHLETICS INC**  
**MEMBERSHIP FORM - 1<sup>ST</sup> APRIL 2010 - 31<sup>ST</sup> MARCH 2011**

**Member 1** Surname..... **Member 2** Surname.....

Given Names..... Given Names.....

Address..... Postcode.....

Email..... Phone.....

Emergency Contact Name..... Phone.....

Any Changes From Last Year? Yes/No **(please circle)**

**New Members to Complete**

1 Male/Female Date of Birth..... 2 Male/Female Date of Birth.....

Indicate Preferred Name eg. Tom, Jim, Ange, Jan.....

**Member 1**..... **Member 2**.....

**Annual Fees** Single \$50; Joint \$75

**Member Waiver:** In accepting membership of TMA I acknowledge and agree that I am fully aware of the risks and hazards inherent in participating in TMA organised events. I declare that I am in good health and that I will be properly conditioned for the activities that I will enter. I agree to assume all risks of loss, damage and injury including death that I may sustain as a consequence of my participation. I release TMA and its officers from any claims, actions, suits or demands of whatever nature, arising out of or related in any way to my participation in TMA organised events.

Signed 1..... Signed 2.....

**Privacy Act Collection Notice:** TMA respects the confidentiality and security of your personal information and is committed to protecting it at all times. TMA only collects such personal information as is necessary to promote your participation in TMA events and to communicate to you.

**Payment Options:**

**1 Cash:** In person only *(not in the mail)*

**2 Cheque:** Make cheque payable to TMA and post to, TMA, GPO Box 890, Hobart 7001

**3 EFT:** Forward Funds to BSB 037-001 Account 93-0735 Include full name in the reference field, and forward an email to [msteven1@iinet.net.au](mailto:msteven1@iinet.net.au)

**4 Credit Card:** Please make this payment of \$..... by Visa  Mastercard   
 Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card Holders Name..... Signature.....

**Club Use Only:** Date of Joining..... Welcome Letter  Program  AMA Book

Newsletter

Registrar..... Date.....

Treasurer..... Date.....

*For details on dual registration with Athletics Tasmania, please*

*enquire with the State Secretary*

