



CENTRAL DISTRICTS AXEMEN'S ASSOCIATION INC.

APPLICATION FOR / RENEWAL OF MEMBERSHIP

2019 / 2020

PERSONAL DETAILS

Title: _____ Given Names: _____

Surname: _____ D.O.B: _____

Residential Address: _____

Suburb / Town: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb / Town: _____ State: _____ Postcode: _____

Email Address: _____

Telephone: _____ (A/H) _____ (Mobile)

Left / Right Hand Axeman: Left Right Shirt Size _____ Singlet Size _____

MEMBERSHIP & INSURANCE FEES

Full Member - \$150.00

Competing Life Member – \$125.00

Veteran Member (60>yrs) - \$150.00

Non-Competing Life Member – No Fee

Junior Member (U18yrs) - \$100.00

Non-Competing Member – \$25.00

Sawyer Member - \$100.00

Associate Member* - \$25.00

Pensioner Member* - \$90.00 (*must provide a valid pensioner concession card no.) PCC no. _____

Volunteer – No Fee

* Associate members are eligible for C.D.A.A. awards but do not have the right to receive notice, attend or vote at C.D.A.A. meetings.

Payment Method:

All membership renewals are due before the **31st of July, 2019**. Membership fees **must be paid in full before competing in** any Local, State or National events.

Direct Deposit – BSB: 633-000 Account: 145992558 Name: Central Districts Axemens Association
Description: (Your Name) and (Membership Type) example: J.Smith – Veterans

Cheques – Please address all cheques to "The Central Districts Axemen's Association Inc." and post to:
Linda Miller, 49 Dallas Street, Waroona WA 6215

MEDICAL INFORMATION (optional)

In order for us to provide more informed first aid treatment, please note any **Current Medical Conditions, Medication** you are currently taking or **Allergies** that you may have.

Any medical information that you provide is confidential. Access to this information is limited to CDAA Office Bearers & First Aid Personnel.

PRIVACY STATEMENT

The Central Districts Axemen's Association respects and upholds your right to privacy protection. The CDAA may publish your name, image and results on its website and publications. It may also disclose your information to the media. As woodchopping is a public spectator sport, you may be photographed or filmed during woodchop events.

Please tick the box if you **DO NOT** want your personal information released for these purposes.

CONSENT

I provide my consent for the **CDAA** to collect, use and disclose my personal information.

I understand I am entitled to access my own records except where access would be denied for legal or other appropriate reasons.

I understand I may withdraw my consent for the **CDAA** to disclose my personal information (except where legal obligations must be met).

To the best of my knowledge, all information contained on this sheet is correct. (Members under 18 years of age must have parent or legal guardian sign)

Signed: _____ Date: _____

GUARDIAN DETAILS (Junior Members Only)

Parent/Guardian 1:

Given Name: _____

Phone Number: _____

Email Address: _____

Relationship (ie Mother): _____

Surname: _____

Mobile Number: _____

Parent/Guardian 2:

Given Name: _____

Phone Number: _____

Email Address: _____

Relationship (ie Mother): _____

Surname: _____

Mobile Number: _____

Participation of juniors in any log chopping competition or demonstration requires supervision by a parent, legal guardian or by a responsible adult over the age of 18years. The Committee reserves the right to deny participation of a junior during a competition or demonstration if they believe there is not acceptable supervision of the Junior.

ADMIN ONLY Form Received By: _____ Date: _____ Payment Receipt #: _____ Cash / Chq #: _____