



# CENTRAL DISTRICTS AXEMEN'S ASSOCIATION INC.

## APPLICATION FOR: MEMBERSHIP

### PERSONAL DETAILS

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (A/H) \_\_\_\_\_ (Mobile)

D.O.B: \_\_\_\_\_ Left / Right Hand Axeman:    Left    Right

**Membership Type:**    Full Member    Veteran (60>yrs)    Junior (18<yrs)    Sawyer  
Pensioner    Life Member (still competing)    Life Member (not competing)    Volunteer  
Non-competing Member/Social

Shirt Size \_\_\_\_\_ Singlet Size \_\_\_\_\_

### 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: \_\_\_\_\_

**ADMIN ONLY**    Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_    Payment Receipt #: \_\_\_\_\_ Cash / Chq #: \_\_\_\_\_