

# NSW PUSH AND POWER RUGBY LEAGUE INC.

An affiliate of NSW Wheelchair Rugby League  
ABN 74 483 459 182



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59 Wavehill Avenue Windsor Downs NSW 2756

## MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

Name:			
Date of Birth:	Phone:	Mobile:	
Street Address:			
City:	State:	Postcode:	
Email:			Shirt Size:

### DISABILITY AND MEDICAL INFORMATION

Name of Disability: <i>(if any, please be as specific as possible)</i>
Type of Wheelchair used:    Push <input type="checkbox"/> Power <input type="checkbox"/>
Please list all allergies, if any:

### EMERGENCY CONTACTS

Emergency Contact 1:	
Phone:	Mobile:
Emergency Contact 2:	
Phone:	Mobile:

In the event of an emergency and the nominated person cannot be contacted, I give permission for the organisers of NSW Push and Power Rugby League Inc. to seek medical attention as required and if necessary convey the member to local Hospital or Doctor.

### RUGBY LEAGUE RELATED INFORMATION

Which NRL Team do you support?
Which State of Origin Team do you support?    NSW <input type="checkbox"/> QLD <input type="checkbox"/> No Preference <input type="checkbox"/>
What is your preferred playing number?    1st Choice    2nd Choice    3rd Choice

### PAYMENT DETAILS

Membership Fee can be paid by cash, cheque, money order or Electronic Funds Transfer.

#### **Pay By Direct Deposit**

Account Name: <b>NSW Push and Power Sports Inc.</b>	BSB No.: <b>062 314</b>	Account No.: <b>100 491 55</b>
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Please list the Payment Description or Reference as: Your 1st initial + Surname. (example: J.CITIZEN)

#### **Pay By Cheque / Money Order**

**Payable to: NSW Push and Power Sports Inc.**

I wish to apply for membership and understand that by doing so I agree to be bound by the rules and policies set by NSW Push and Power Rugby League Inc. I approve the use of my (my child's) name and image for marketing purposes and consent to being registered on the ARL National Database. I have also read and agree to the terms and conditions outlined in the constitution and the NRL National Code of Conduct.

**NOTE:** The acceptance/denial of your application is at the sole discretion of the Board of Directors of NSW Push and Power Rugby League Inc.

Signature of applicant: <i>(Parent or Guardian if under 18 years)</i>	Date:
Approved by: NSW Push and Power Rugby League Inc. <i>(Office Only):</i>	Date: