



Application for Membership

Member's Details:
Please Print Neatly

First Name

Middle Name

SURNAME

Residential Address:

Unit #/
Street #:

Street
Name:

Home Ph:

Suburb:

Postcode:

Work Ph:

Email Address:

Mobile Ph:

School/College
(If Student):

Occupation:

Please the Club Activities
you intend to participate in .

Sex: M F

Date of Birth: / /

FOR OFFICE USE ONLY

Personal Accident
Insurance
is not available to
Non-Members.

Please
Initial

MEMBERSHIP

Year 2010

Number:

Admission
Date: / /

Receipt No:

Amt Paid \$

MEMBERSHIP CLASS

Please

Adult (18 yrs & over)

Junior (Under 18 yrs)

Senior (View Seniors Card)

Family

S/Sponsored

F/Sponsored

Supervisor to initial form
when first completed.

Initials of staff member who
entered data in Database

The Following information is required in case of an emergency.
Applicant's Next of Kin (if over 18) OR Parent/Guardian (if under 18)

First Name:

Surname:

Relationship:

Occupation:

Work Ph:

Emergency Ph:

Emergency Information:

Family Doctor OR
Nearest Emergency Hospital:

Suburb:

Phone No:

General Information:

Describe any illness from
which the applicant suffers

Describe any Activity in which the
Applicant should not participate in.

NB: If there are any relevant existing custody issues please
attach details.

Group:

I authorise / do not authorise the PCYC to take and use any photographs, videos or sound recordings or me / the child and any other reproductions or adaptations of me / the child's likeness ("the Material"), either in full or part, in conjunction with any wording or drawings, in any PCYC publications, productions or presentations. I acknowledge that I have / the child has no rights in the material or in any PCYC publications, productions or presentations that include the material.

I hereby certify that the particulars I have provided are correct and
I accept the Conditions of Membership, clauses 1 to 4 as detailed overleaf.

_____/_____/_____
Applicant (18 years & over) or Parent/Guardian (Under 18 Years) Date

NOTICE:

Conditions of Membership overleaf. Current Membership is valid for all PCYC Branches in Queensland
Police-Citizens Youth Clubs - Improving Communities Through Youth Development

CONDITIONS FOR MEMBERSHIP.

1. I certify that the particulars provided overleaf are true and correct, and that I am willing (for the applicant) to become a member of the QPCYWA. I acknowledge that the Association is a drug-free environment and that the use of prohibited drugs will automatically result in cancellation of membership and expulsion from Association premises.
2. I / We the applicant / parent(s) / legal guardian acknowledge that all activities entered into by myself / my child / my ward contain an element of risk and I / my ward must take reasonable care whilst participating in any activities offered by the association.
3. I / We authorise the Association to obtain all necessary medical treatment which may be required by me/the member, the member whilst in the custody, care or control of the Association. I / We acknowledge that the costs of any such treatment, shall be my / the member's responsibility solely.
4. I / We further authorise the said Association to exercise all reasonable discipline without physical punishment necessary in the circumstances over the member whilst in the custody, care or control of the Association including the right at the Association's absolute discretion to return me / the member to my home address stipulated on the application form.

STAPLE
RECEIPT
HERE

**Signature of Administration Officer
who processed this application**

DATA ENTRY BY

Print Initials _____

Date of Data Entry: ____ / ____ / ____