



# 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

Aikido	AIK
Boxing no Trainer	BNT
Boxing with Trainer	BWT
BoxCardio	BXC
Child Care	CHC
Circus/Acrobats	CIR
Disability/Rehab Fit	DBF
Fencing	FEN
Gymnastics Fun	GYM
Indoor Bowls	IDB
LifeSavers	LSW
Tiny Tots Gym	TTG
Volunteer	VOL
Weights/Fitness Gym	WTS
<u>Other: Please give details.</u>	

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.

**MEMBERSHIP**

Year: 2012  
 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

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_