



# INDIVIDUAL MEMBERSHIP APPLICATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ (voice or TTY or both)

Phone (B) \_\_\_\_\_ (voice or TTY or both)

Mobile \_\_\_\_\_ (voice or SMS or both)

Fax \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_ 'Deaf' or 'Hard of Hearing' or 'Hearing' \_\_\_\_\_

DOB \_\_\_\_\_ Parent's Name \_\_\_\_\_

(If applicant Under 18 years of age)

Please indicate your communication preference (circle)

Auslan Oral / Speech Other \_\_\_\_\_

Please indicate the sport/s of your interest

<input type="checkbox"/>	Athletics	<input type="checkbox"/>	Darts	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Eight-Ball	<input type="checkbox"/>	Shooting	<input type="checkbox"/>	Tenpin Bowling
<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Handball	<input type="checkbox"/>	Squash	<input type="checkbox"/>	Water Polo
<input type="checkbox"/>	Cricket	<input type="checkbox"/>	Lawn Bowls	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Netball	<input type="checkbox"/>	Table Tennis	<input type="checkbox"/>	

Membership. Ordinary \$10 for 1 year  \$30 for 3 years

Junior U/18 \$5 for 1 year  \$15 for 3 years

Please indicate if you are renewing this membership.  Yes  No

I hereby apply for membership and agree to abide by the rules of the Australian Deaf Sports Federation Ltd (trading as Deaf Sports Australia).

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent's Signature if applicant Under 18 years of age)

Please forward this form and cheques made payable to Australian Deaf Sports Federation Ltd or hand deliver cash to:

Deaf Sports Australia. Level 3, 340 Albert St, East Melbourne VIC 3002.