



PO Box 490 South Hurstville NSW, Australia 2221

[www.aewha.org.au](http://www.aewha.org.au)

## MEMBERSHIP FORM 2010 / 2011 AEWHA SEASON

Surname: ..... Given Names: .....

Address: .....

..... Post Code: .....

Phone (Home): ..... Mobile .....

Email: .....

### EMERGENCY CONTACT

Please nominate a person who may be contacted in the event of an emergency, if parents cannot be contacted.

Emergency Contact Name: .....

Phone (Home): ..... Mobile .....

### GENERAL PERMISSION

In the event of an emergency and I cannot be contacted, I give permission for the organizers of Australian Electric Wheelchair Hockey Association (NSW) Inc to seek medical attention for my child/ward as required and if necessary to convey my child/ward to Outpatients or a local Doctor.

Signed: ..... Date: .....

### APPLICATION FOR MEMBERSHIP

I wish to apply for membership and understand by doing so I will be bound by the rules and policies set by the Australian Electric Wheelchair Hockey Association (NSW) Inc.

Signed: ..... Date: .....  
(Must be signed by Parent or legal Guardian if under 18 years old)

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**\*This membership application will be subject to approval by The Australian Electric Wheelchair Hockey Association.**

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