



VOLLEYBALL QUEENSLAND 2008/09 MEMBERSHIP REGISTRATION FORM



Volleyball Queensland, 150 Caxton St, Milton, QLD 4064
Ph: 3367 1991 ABN: 45 476 392 018

PERSONAL DETAILS: New Member Renewing member Current member Membership No: _____

Surname: _____ Given Names: _____ Title: Mr / Mrs / Ms/ Dr

Address _____ Suburb: _____ P/C: _____

Gender: Male/Female Date of Birth: ____/____/____ Email: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Pref Method of Contact: Hm / Wk / Mob / Fax / Email

Occupation: _____ Company Name: _____

Student: School name: _____ Tertiary Institution: _____

VOLLEYBALL QUALIFICATIONS:

COACH: None Level 1 Level 2 Level 3 **NCAS No:** _____

REFEREE:

Indoor: None District Regional State Nat A Nat AA Nat AAA International

Beach: None State A State AA State AAA Nat A Nat AA Nat AAA

International **NOAS No:** _____

PARTICIPATION DETAILS: Club Name: Toowoomba Volleyball Association

Premier League Team (Tuesday Night) _____ PVL _____

Business League Team (Wednesday Night) _____

MEMBERSHIP FEES

ADULT FULL \$75 SOCIAL / REGIONAL \$40 TOURNAMENT \$25

JUNIOR FULL \$35 SPIKEZONE \$15 TOURNAMENT \$25

As a registered member of Volleyball Queensland I undertake at all times to represent myself in a way that will not bring myself, my registered association, Volleyball Queensland, the Australian Volleyball Federation or the sport of volleyball as a whole into disrepute. I accept that failing to abide by this determination could led to sanction by one or more of the aforementioned bodies.

DECLARATION

I hereby apply for membership of Volleyball Queensland (VQ) and Australian Volleyball Federation (AVF). In so applying and in consideration of my application for membership being accepted **I acknowledge and agree that I have read and understood**, the declaration overleaf, including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of VQ and AVF membership. (Where applicant is under 18yo) I, _____ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behavior and agree to personally accept the conditions set out in this membership application.

Signature: _____ **Date:** _____

Parent/Guardian's signature: _____ **Parent/Guardian's name:** _____ **Date:** _____

<p><i>METHOD OF PAYMENT: Cash/Chq/ Mastercard/Visa \$</i></p> <p>Cardholders name: _____</p> <p>Card number: ____/____/____/____ Expiry: __/____</p>	<p style="text-align: center;"><i>COLLECTORS/VQ OFFICE USE ONLY</i></p> <p>Collectors signature: _____ date: _____</p> <p>Received: __/__/__ Rec #: _____</p>
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