SOUTHSIDE MASTERS

www.southsidemasters.org.au

Application for Membership

1st October to 30th September

First Name _____ Last Name _____ Male / Female

Membership: ☐ Full ($10) or ☐ Under 18 (as at 1st Oct) ☐ New Member

DOB _____ / _____ / _____ (DD/MM/YY) OR AGE: _____

CONTACT DETAILS:

Phone: _____ Email: _____

ADDRESS: _____

_____

EMERGENCY CONTACT DETAILS:

Name: _____

Phone: _____ email: _____

RACE FEES $ 5 Per Week:

☐ Pay Weekly in Cash at Desk OR ☐ Invoice at End of Quarter

Running is a physically active sport. You should always seek advice from your GP before taking up a strenuous physical pursuit such as running. You accept that you do so entirely at your own risk and that it is your responsibility to ensure that you are fit and able to take part in our runs

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RECEIPT:

Date Paid _____/_____/_____ Amount $_____ Received by: _____