

# Hoppers Crossing Football Club Inc

## Application for Membership 2014

		(ENTER TOTAL AMT DUE)
SENIOR M'SHIP \$300		

WRFL Fee \$20

Surname				
Given Name				
Date of Birth				
Address				
Suburb			Post Code	
Home Phone			Mobile Phone	
Email Address				

Ambulance Cover    YES or NO            Medicare No            \_\_\_\_\_

In Case of Emergency, please contact the following person

Name	Relationship
Mobile No	Home Ph

Do you consent to having your photograph taken and displayed on the HCFC Website and/or other advertising material

YES             OR             NO            **Not answering signifies you DO consent**

Would your business/ place of employment be interested in a Sponsorship package  
 If so please include the Business Name, Contact Name and Contact Phone Number

I wish to apply for membership of the HCFC Inc. I agree to be bound by the rules and allow current sponsors access to our data base for their promotional purposes. In the event of injury I hereby authorise the officials of HCFC Inc to seek medical assistance as deemed appropriate. I also agree to and will abide to the HCFC Code of Conduct

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

<b>New Registration</b>		<b>Re-Registration</b>		<b>Team</b>	
Medical Report Y / N    ** Copy of BC Y / N/ NA    ** WRFL Form Y / N / NA					
Clearance Required Y / N Details:					
Date _____	Payment Made	\$ _____	Rec No		
Date _____	Payment Made	\$ _____	Rec No		
Date _____	Payment Made	\$ _____	Rec No		
<b>PAPERWORK COMPLETE</b>			<b>PYT COMPLETE</b>		