



ATHLETE MEMBERSHIP APPLICATION

Athletics Norfolk Island

Family Name _____

First Name 1 _____ 2 _____

Please list all family members for family membership
3 _____ 4 _____
5 _____ 6 _____

Postal Address _____

Telephone _____

Email _____

**I wish to become a financial member of ATHLETICS NORFOLK ISLAND.
By becoming a financial member, I agree to be bound by the rules of the Association.**

Please accept my membership application to Athletics Norfolk Island for the current calendar year

Athlete Membership Fees:

Individual \$10.00
Family \$15.00

I enclose payment of \$ _____ Signature _____

If the applicant is under 18 years this form must be signed by their parent or guardian.

For insurance purposes, anyone involved with Athletics Norfolk Island (committee, coaches, officials, competitors) must be a financial member.

Please submit completed form with your payment to: info@athleticsnorfolkisland.com

Direct Deposit - Use your name as reference
Westpac
Athletics Norfolk Island
BSB: 032 855
ACCOUNT: 120346