



FULL 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.

Nominated by: _____
(Existing ANI Member)

Signature of Proposer Date

Seconded by: _____
(Existing ANI Member)

Signature of Seconder Date

My areas of interest are :

- Competing in track events
- Competing in field events
- Coaching
- Officiating
- Administration
- Other (please specify)

I have had previous experience in :

- Competing in track events
- Competing in field events
- Coaching
- Officiating
- Administration
- Other (please specify)

- If requested by ANI, I agree to obtain a police background check on any applicants listed on this application form.**

- If requested by ANI, I agree to obtain a Working With Children Check to enable me to work with children or young people in either a paid or voluntary capacity.**

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

Membership Fees:

Individual	\$10.00
Family	\$15.00

I enclose payment of \$ _____ Signature _____

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 info@athleticsnorfolkisland.com

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

Approved by Committee on:

Date _____