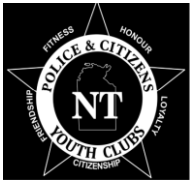


**** (Please complete all sections of this application form or membership may be rejected) ****



NT PCYC Inc APPLICATION FOR MEMBERSHIP

Please note: WEIGHTS Gym is ONLY accessible to PFES Employees.
No Children under 18 years are allowed in the weights room.

The following activities are available to MEMBERS: Please circle those you wish to attend.

EQUESTRIAN BOXERCISE GYMNASTICS KARATE JIU JITSU WEIGHTS

MEMBERSHIP TYPE: JUNIOR ADULT FAMILY RENEWAL M'ship No.
(Family - Up to 2 adults & 3 children)

Name/s: Please print clearly	DOB	Activity
1a		
2b		
3c		
4d		
5e		

Occupation:

Adult 1: _____ **Adult 2:** _____

Residential Address:

Postal Address:

Telephone numbers:

H: _____	W: _____	Mobile: _____
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Email address:

Emergency contact details:

Name: _____	Phone No: _____
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ILLNESS/INJURY/DISABILITY: (Any reason or medical condition that may limit or restrict certain activities which the club should be aware of.).....
.....
.....

I give permission for PCYC staff to provide First Aid to the participant or seek further medical assistance if required: YES NO

Do you consent to your/your families' photo being used in advertising material: YES NO
(Example: Newsletters, brochures, Face book, PCYC Website etc.)

I consent to a Police check (Non PFES Employee Applications): YES NO

Signature:..... **Date:** /..... /.....
The date of joining PCYC will be the date on which this form was signed and expiry will be calculated from this date unless a payroll deduction application is attached. Non financial members are not permitted to use any PCYC venue.

Indemnity: I hereby certify the above particulars to be true and correct, and I agree that we will abide by the Constitution and Code of Conduct of the Police and Citizens Youth Club whilst we are members and guarantee and indemnify the Northern Territory Police and Citizens Youth Club Inc. and all its officers, employees and agents, and all members of the Northern Territory Police Force and the Crown in right of the Northern Territory from any claim or demand, which might hereinafter be made for and on behalf of the applicant from any cause whatsoever, or for in respect of any property lost or damaged from any cause whatsoever, whilst taking part in the aforesaid activities or during any journey to and from the place where it is at the time being held.

MEMBERSHIP FEES AS AT JANUARY 2017

	Full Year
JUNIOR (UNDER 18)	\$50
ADULT	\$120
FAMILY	\$175
PFES MEMBERS (WEIGHTS - ADULT)	\$175
PFES MEMBERS (FAMILY INC WEIGHTS)	\$230
VOLUNTEER (NO ACCESS TO FACILITIES)	\$30

Membership fee payment method (please circle): **CASH** **CHEQUE** **CREDIT CARD** **EFT**

CREDIT CARD - Please charge this purchase to my credit card (tick applicable):

MASTERCARD VISA OTHER.....

Credit Card number:

Expiry Date: CCV number (last 3 digits on reverse of card):

Full name on card:

Billing Address:

Contact Phone:

Amount: \$ Signature of cardholder:

EFT: Bank details available upon receipt of membership form

EMAIL: pcycdarwin@gmail.com
PCYC Mailing Address: PO Box 38580, Winnellie NT 0821
PCYC Contact number: 08 89471370

Privacy Disclaimer

The NT Police and Citizens Youth Club is collecting information on this application form to ensure the PCYC have knowledge of your identification, interests and health issues. This information will remain confidential and will only be accessed by PCYC Management. This collection is required by the PCYC Constitution and some or all of this information may be supplied to the Northern Territory Police. Failure to provide this information in full or in part may result in your application not being processed or being refused. You can access your personal information provided on this form. If you have any queries or wish to access the information, please contact the PCYC on telephone (08) 89471370 during business hours 8:00 – 4:00. Details on the Information Act can be found on the NT Police, Fire and Emergency Services website at www.nt.gov.au/pfes/corporate/foi/index.html.

Nomination:

Moved: Print Name..... Signature.....

Seconded: Print Name.....Signature.....

Office Use Only

Rec No:	Amount:	Date:
Approved:	Entered Dbase:	
Membership No:	Expiry Date:	Card issued: