



Training Membership Application Form

Name: _____

Male / Female

Address: _____

Email: _____

Phone: _____ Date of Birth ____ / ____ / _____

Coach _____ Occupation/School/Uni' _____

Are you a member of another Athletics Club? Yes / No

If Yes, which club? _____

Medical Information

Please briefly list any medical conditions you have, that a first aider should know about, in the case of an emergency _____

Who should we contact In Case of Emergency _____

..and what is their contact number _____

Payment & Fees (Annual fee from April 1 to March 31)

Senior or Junior - Track only	\$80
Senior or Junior - Track & Gym	\$130

Total amount of payment \$ _____

Please make direct debit payments to:

Doncaster Athletic Club

BSB: 633-000

Acc: 125-783-845

(reference: TM & your name)

Please scan/take photo and email completed form to: registrar@doncasterac.org.au

Any questions?

email registrar@doncasterac.org.au

or phone Campbell 0414 533 677

Note: Training membership requires DAC committee approval and is discretionary