

2010 SUBSCRIPTION

April 2010 – March 2011

Payment made anytime in 2010 will entitle you to membership until 31 March 2011



Name: _____
Surname First Name

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Ethnic Group: _____

Disability*: _____
* Members must have a permanent, measurable physical disability

Newsletter: How would you like to receive the quarterly ParaFed Newsletter?

- By post
 By email

Price

- Subscription** (incl. Total Mobility) **\$ 40.00**
 Total Mobility Only Member \$ 15.00
 Gym Card \$ 30.00
 Gym Programme (one on one) \$ 25.00
 Donation (tax deductible) \$ _____

Do you already have a gym card?

Gym Card No: _____

Total \$ _____

Make cheques payable to ParaFed Canterbury

Are you interested in being involved or receiving information on any of the following?

- Arts Programme
 Junior Sports Club (5–15 yrs)
 Sports: If yes, what sports are you interested in? _____

Disclaimer

I the undersigned state that I am physically and medically sound to proceed with the activities of ParaFed Canterbury and Canterbury District Health Board Ltd and that they shall not be liable in anyway for personal accident or loss of property. All equipment and people within the organisation must be treated with respect and the organisation rules must be adhered to at all times. ParaFed Canterbury reserves the right to exclude a member without refund should their conduct at any time be prejudicial. ParaFed Canterbury reserves the right not to renew a persons membership should they no longer met the organisations criteria.

Should I require a replacement gym card it will cost me \$30. Do you require a receipt?

Signed: _____ Receipt Date: _____

ParaFed Canterbury: _____ Receipt No: _____