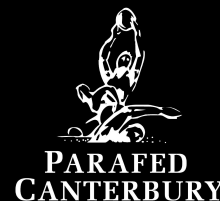


2011 SUBSCRIPTION

April 2011 – March 2012

Payment made anytime in 2011 will entitle you to membership until 31 March 2012



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	
<input type="checkbox"/> Subscription (incl. Total Mobility) \$ 40.00	<input type="checkbox"/> Do you already have a gym card?
<input type="checkbox"/> Total Mobility <u>Only</u> Membership \$ 15.00 (Yearly)	
<input type="checkbox"/> Total Mobility ID Card \$ 15.00 (Every 5 years until +65 years)	Gym Card #: _____ User #: _____
<input type="checkbox"/> Gym Card \$ 30.00	Eftpos available (no credit cards)
<input type="checkbox"/> Gym Programme (one on one) \$ 25.00	Make cheques payable to ParaFed Canterbury
<input type="checkbox"/> Donation (tax deductible) \$ _____	Direct Credit: 03-1700-0117714-00
Total \$ _____	(Please put your name & the reason for payment as reference)

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, agree that any images that have been captured of me participating in a ParaFed Canterbury activity or event can be used by ParaFed Canterbury.

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 detrimental. ParaFed Canterbury reserves the right not to renew a persons membership should they no longer met the organisations criteria.

Do you require a receipt?

Signed: _____ Receipt Date: _____

ParaFed Canterbury: _____ Receipt No: _____