

2017 SUBSCRIPTION

January 2017 – December 2017



Name: _____
Surname _____ First Name _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Ethnic Group: _____

School (if applicable): _____ Year Group: _____

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

Mobility (Powerchair, Wheelchair, Ambulant) _____

Emergency Contact (Name and Phone number) _____

Price

Subscription (incl. Total Mobility) **\$ 40.00**

Total Mobility Only Membership \$ 15.00
(New or replacement)

Total Mobility ID Card \$ 15.00
(Every 5 years until +65 years)

Donation (tax deductible) \$ _____

Total \$ _____

Sorry NO Eftpos

Direct Credit: 03-1700-0117714-00
(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) Youth Club (16-25 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: _____