

2020 SUBSCRIPTION

January – December 2020



Name Birth Date

Disability *

** Members must have a permanent, measurable physical disability*

Mobility Aids Wheelchair Powerchair Crutches / Frame Other _____

Address

Suburb

City / Town Postcode

Phone Mobile

Email

Ethnic Group

Emergency Contact (Name)

Emergency Contact (Phone)

School / Occupation (if applicable) School Year

What ParaFed Canterbury programmes are you interested in being involved in?

- Junior Sports Club (5-15 yrs) Equipment Hire Para Sports _____
 Burwood Hydrotherapy Pool Total Mobility Taxi Discounts Other _____

PARAFED CANTERBURY COSTS

- ParaFed Canterbury Subscription** \$ 40.00
(includes Total Mobility Subscription)
- Donation** \$ _____
(Tax Deductible)
- Total** \$ _____

TAXI DISCOUNT COSTS

- Total Mobility Subscription Only** \$ 15.00
(Paid annually for members only using taxi discount card)
- Total Mobility ID Card** \$ 15.00
(New or replacement card, valid for 5 years until +65 years)

Direct Credit: 03-1700-0117714-00 *Eftpos Not Available*

(Please put your name & SUBS as reference)

Do you require a receipt? Y / N

Disclaimer

I, the undersigned, state that I am physically and medically sound to proceed with the activities of ParaFed Canterbury 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. I agree that any images that have been captured of me participating in a ParaFed Canterbury activity or event can be used by ParaFed Canterbury.

Signed Receipt Date

ParaFed Canterbury Receipt No