



Club Membership Form

Name of local club _____

Member number
(Staff use only) _____

Before applying for club membership, please read all the information in the attached brochure and this form please print neatly using 'ALL CAPITAL' letters

Membership is valid for all PCYC clubs in Queensland

Fields marked with an * are compulsory

Member Details

First name* _____ Middle name _____ Family name* _____

Street address* _____

Suburb* _____ Postcode* _____ Date of birth* _____

Phone* _____ Email* _____

Occupation _____ School/College _____ Grade _____

Tick one only*

Gender Female Male Other Are you of Aboriginal or Torres Strait Islander descent? No Yes

Country of Origin _____

Keep me posted! Tick this box and we'll keep you up to date with all our latest news, events and offers via email.

Parent/guardian/next of kin

If required PCYC staff can contact:

First Name* _____ Family Name* _____ Relationship* _____

Phone* _____

Existing illnesses/allergies and injuries

Describe any illness, allergy, injury or health issue you have, or have recently experienced:

Doctor's name _____ Contact details _____

Describe any activity in which the applicant should NOT participate: _____

Interests

Are you interested in volunteering? Yes No

If yes: Coaching Cleaning Admin duties Gardening Bus driving

Are there any new activities you would like to see at your local club? _____

How did you hear about PCYC Queensland?

Television Radio Newspaper Word of mouth Social Media Other: _____

Club Member Agreement

Conduct

I have read and understand PCYC Queensland Code of Conduct and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a PCYC Club.

Privacy

I have read and understand PCYC Queensland Privacy Policy.

Club Member Agreement (continued)

Photography/Videography

I understand that PCYC Queensland may use my, or my child or ward's photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes in all forms of media including without limitation on TV, radio, press, magazine, outdoor, direct mail, PR, posters, corporate video, cinema, Internet (worldwide) subscription, and literature, and assign any and all rights, title and interest in the digital resource to which I or my child or ward may be entitled in law, to PCYC, and agree to make no claim for compensation for the use of the resources including digital resources.

I DO NOT authorise PCYC Queensland to use my, or my child or ward's photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes. (please tick if applicable)

Authorisation

I authorise PCYC Queensland to obtain all necessary medical treatment which may be required by me (or my child or ward) whilst in the care, control or custody of PCYC, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner, I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.

I authorise PCYC Queensland to exercise all reasonable control, necessary in the circumstances over me (or my child or ward) or over my (or my child's or ward's) behaviour whilst in the care, control or custody of PCYC.

I authorise PCYC Queensland to undertake Police Checks on me as part of its membership acceptance and review processes. I acknowledge that initial and continuing membership and volunteering are subject to any decision by PCYC, at its absolute discretion, based on such Police Checks and recommendations.

I am fully aware of the range of activities run by PCYC Queensland and consent to my child or ward's participation in any activities run by PCYC Queensland, or its agents.

Participation

I understand that participation in PCYC Queensland activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC Queensland activities at my own risk.

PCYC Queensland, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of a PCYC Queensland activity.

I acknowledge that I have provided medical information only for emergency purposes in this form, and that PCYC Queensland is not liable for failing to use this information in any circumstances

Family Definition*

As defined by the ABS as two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. Residential address must be in Queensland.

Membership type and fee donations

Membership fee Family* (\$60) Junior under 18 (\$20) Adult (\$30) Senior 60+ (\$6)

If selecting a family membership please add their details below. If there is insufficient space for all member details below please discuss in club.

First Name*	Family name*	Date of birth*
_____	_____	_____
First Name*	Family name*	Date of birth*
_____	_____	_____
First Name*	Family name*	Date of birth*
_____	_____	_____

Describe any illness, allergy, injury or health issue family members have, or have recently experienced:

Make a donation (Not compulsory)

PCYC Queensland is a trusted and respected registered charity that focuses on the personal and leadership development of young people, many of whom are at risk, disadvantaged or disengaged.

Yes, I would like to donate to PCYC Queensland \$60 \$120 \$200 Other _____

Acceptance and signature

I have read and accept the Terms & Conditions

Name of Applicant Signature of Applicant Date

If the applicant is under 18 years of age, parent or guardian should sign

Name of Parent/Guardian Signature of Parent/Guardian Date

OFFICE USE ONLY

Member Class	Process Date	Receipt No.	Barcod No.	Entered into system	Welfare/Sponsored/OSHC
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