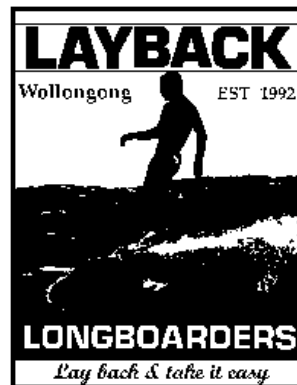


LAYBACK LONGBOARDERS

2016 Season

Membership Form



NAME _____ D.O.B. _____

Other Names (for Family Membership)

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Address _____

E-Mail _____

Phone _____ Mobile _____

I understand that I do not hold Layback Longboarders Inc. Wollongong, NSW in any way accountable or liable for any injury or loss of life I may suffer while partaking in any activity or representing the club in any competition. I enter all activities and associated competitions for the club entirely at my own risk.

Signed _____ Date _____

Signed _____ (Parent/Guardian) If member is under 18 years of age.

Annual Fees* Full Membership \$80
Family Membership \$90 (does not include working family members)

Please return with payment to - Layback Longboarders, PO Box E82, Corrimal East 2518

OFFICE USE:

- Renewing Membership / New Member**
- Payment Received \$ _____ Cash / Cheque**
- Details Updated Yes / No**