

# Sporting Wheelies and Disabled Association

## Membership application form



<b>Please note</b>
<p>Memberships with the Association have a 12 month duration from:</p> <ul style="list-style-type: none"> <li><b>Financial members:</b> The receipted date of payment</li> <li><b>Volunteers</b> (Free membership): Date of registration</li> </ul> <p><i>As per the Association's Constitution all new memberships require approval by the management committee. A copy of the Constitution will be sent out with confirmation of you membership.</i></p> <ul style="list-style-type: none"> <li><b>The Association holds Public Liability Insurance to the value of \$20 million.</b></li> </ul>

<b>Applicant details</b>			
Title:	First name:	Last name:	
Postal address:	Suburb:	State:	Postcode:
Home address:	Suburb:	State:	Postcode:
Home phone:	Mobile:	Work phone:	
Email:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>Note: The majority of member communications are in electronic format. Please ensure we have your correct email address so you don't miss important information.</p>		Date of birth ____/____/____	

<b>Emergency contact details</b>			
Name:	Relationship:	Over 18 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact number:	Use as main phone contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home address:	Suburb:	State:	Postcode:

**Membership types – see page 2 for definitions**

<b>Financial Member</b>	
<input type="checkbox"/> \$33 Senior Ordinary Member	<input type="checkbox"/> \$33 Senior Supporter Member
<input type="checkbox"/> \$25 Junior Ordinary Member	<input type="checkbox"/> \$25 Junior Supporter Member
<input type="checkbox"/> \$58 Family subscription (list family members on page 2)	
<input type="checkbox"/> \$25 Association staff	

<b>Non-financial Member</b>	
<input type="checkbox"/> Volunteer Member (complete Volunteers section on page 3)	

<b>Honorary Member</b>	
Hospital patients (listed below) within 12 months of discharge, new members only.	
Princess Alexandra Hospital	<input type="checkbox"/> SIU <input type="checkbox"/> BIRU
	<input type="checkbox"/> Jasmine ABI Unit <input type="checkbox"/> Jacana ABI Unit
Queensland Children's Hospital	<input type="checkbox"/> CP Clinic <input type="checkbox"/> Spinal Clinic
<input type="checkbox"/> Other individual or organisation invited by the management committee. Please provide details:	

<b>Payment options</b>	
<input type="checkbox"/> Eftpos (in person at Brisbane head office . 60 Edmondstone Road Bowen Hills Qld 4006)	
<input type="checkbox"/> Cheque or <input type="checkbox"/> Money order (payable to Sporting Wheelies and Disabled Association )	
<input type="checkbox"/> Credit card (please call (07) 3253 3333 and a staff member will process your payment over the phone)	
<input type="checkbox"/> Direct deposit Bank: Westpac BSB: 034 143 Account number: 112275	
<b>Payment reference:</b> use <b>initial</b> and <b>surname</b> plus the word <b>mship</b> eg. <b>K.Stuart mship</b>	

<b>Office use only</b>	
Date received ____/____/____	Amount received \$ _____
Account code 4-4100 1 Services	
Entered on database ____/____/____	Confirmation sent ____/____/____
Board approval ____/____/____	

<b>Membership category definitions</b>		
<b>Membership Category</b>	<b>Definition</b>	<b>Voting rights at AGM</b>
Senior Ordinary Member	A person 18 years of age and over who has a disability and is registered as a current financial member.	Yes
Junior Ordinary Member	A person under the age of 18 years of age who has a disability and is registered as a current financial member.	No
Senior Supporter Member	A person 18 years of age and over who does not have a disability and is registered as a current financial member.	Yes
Junior Supporter Member	A person under 18 years of age who does not have disability and is registered as a current financial member.	No
Associate Member	Any person who is an employee of the Association and is registered as a current financial member. If within the definition of a disability then they have the rights (excluding voting) of a Senior Ordinary Member. If they do not have a disability then they have the rights (excluding voting) of a Senior Supporter Member.	No
Volunteer Member	A volunteer working with the Association (must be over 18 years of age) and must be eligible to be issued a Blue Card.	No
Honorary Member	A person or organisation invited to membership by the management committee in the interest of the Association for such a period as may be deemed appropriate and appointed according to the current By-Laws.	No

**List family members to be included in Family subscription**

Family means any combination of grandparent, parent (or in a parenting role), partners, siblings and children under or over 18 years of age.

<b>Full name</b>	<b>Date of birth</b>	<b>Relationship</b>	<b>Disability</b>
	___/___/___		
	___/___/___		
	___/___/___		

**Other affiliations / memberships – do you identify with the organisations?**

<input type="checkbox"/> CPL	<input type="checkbox"/> MS Queensland	<input type="checkbox"/> Spinal Cord Injuries Australia
<input type="checkbox"/> Vision Australia	<input type="checkbox"/> Guide Dogs Queensland	<input type="checkbox"/> Spina Bifida Hydrocephalus Queensland
<input type="checkbox"/> Spinal Life Australia	<input type="checkbox"/> Mates 4 Mates (Myself)	<input type="checkbox"/> Muscular Dystrophy Queensland
<input type="checkbox"/> Endeavour Australia	<input type="checkbox"/> Mates 4 Mates (Family)	<input type="checkbox"/> Queensland Blind Bowlers Association
<input type="checkbox"/> Deaf Services Queensland	<input type="checkbox"/> Other ex-services groups	<input type="checkbox"/> Queensland Amputee Golf Association

**Disability**

Do you have a disability?  Yes  No

Date of disability \_\_\_/\_\_\_/\_\_\_

Tick all that apply

Acquired brain injury  
 Amputee (state): \_\_\_\_\_

Hearing impairment  
 Intellectual disability (Downs Syndrome, developmental delay and other)  
 Psychological disability (Mental health related)  
 Other (state): \_\_\_\_\_

Blind / Vision impairment  
 Cerebral palsy  
 Neurological (Multiple Sclerosis and other)  
 Spinal injury / condition  
 Stroke

Provide further detail (if required, optional): \_\_\_\_\_

Interests – all members	
Participants	Volunteers
<input type="checkbox"/> Boccia <input type="checkbox"/> Goalball <input type="checkbox"/> Health and Fitness Centre <input type="checkbox"/> Junior Development Program <input type="checkbox"/> Powerlifting <input type="checkbox"/> Wheelchair Basketball <input type="checkbox"/> Wheelchair Rugby <input type="checkbox"/> Recreation activities (eg: blokarting, water skiing, pistol/rifle shooting, social events, wheelchair dancing and 4 wheel driving)	<input type="checkbox"/> Boccia <input type="checkbox"/> Goalball <input type="checkbox"/> Health and Fitness Centre <input type="checkbox"/> Junior Development Program <input type="checkbox"/> Powerlifting <input type="checkbox"/> Wheelchair Basketball <input type="checkbox"/> Wheelchair Rugby <input type="checkbox"/> General Volunteer <input type="checkbox"/> Fundraising eg: Bingo, catering and hospitality, selling raffle tickets <input type="checkbox"/> Administration / clerical support <input type="checkbox"/> Other please state _____
Volunteers – must complete this section	
Blue Card Compliance (Queensland Working with Children and Young People Check)	
<p>It is Association policy that all volunteers hold or attain a positive notice working with children check prior to participation. <b>All relevant forms can be downloaded at <a href="http://www.sportingwheelies.org.au/become-a-volunteer">www.sportingwheelies.org.au/become-a-volunteer</a></b></p> <p>Do you have a current <b>Blue Card</b>?</p> <p><input type="checkbox"/> Yes → Please complete a <a href="#">'Link an applicant/cardholder to this organisation form'</a>.</p> <p><input type="checkbox"/> No → Please complete a <a href="#">Blue Card Application Form</a> All Association volunteers are required to have a current Blue Card prior to commencing a volunteer role. Please note that it is an offence for a disqualified person to apply for a Blue Card.</p> <p><input type="checkbox"/> I am exempt from holding a Blue Card as a Queensland registered teacher or police officer, and <u>hold a current exemption card</u>. Please complete a <a href="#">'Link an applicant/cardholder to this organisation form'</a> .</p> <p><input type="checkbox"/> I am exempt from holding a Blue Card as a Queensland registered teacher or police officer but <b>DO NOT</b> hold a current exemption card. Queensland registered teachers and police officers who are looking to start volunteer or paid work with our Association will need to complete an <a href="#">Exemption card application form</a>(Parts A &amp; E).</p>	

## Terms and conditions of membership

**Membership entitlements are accessible after payment (financial members) and a signed copy of your membership form has been received / processed.**

The Association is committed to providing an environment that promotes positive behaviour and values, one that is free from all forms of harassment, discrimination and abuse, and one that is safe for children. I agree to support this endeavour and to conduct myself in an appropriate manner at all times. I agree to present the Association in a positive manner in the community.

### **Privacy Collection Statement**

Sporting Wheelies and Disabled Association is collecting your Personal Information to facilitate membership and/or services requested by you and/or to keep you informed about our activities. We may contact you in the future for the promotion of services, products, education and events. When you attend our events you may be photographed or filmed and images and/or audio may be used in various mediums to promote the Association. If you do not wish to be photographed or filmed please advise staff when you attend the event

Communications from us may include mail, email, social media, SMS or telephone contact and may also include messages on behalf of sponsors and other third parties. Your Personal Information will not be provided to third parties without your consent unless we are required by law to do so. By providing your information to us you agree that you have provided your indefinite consent to this contact. You may withdraw consent at any time though in doing so we may not be able to provide you with services requested. Further information about your privacy is available from the Association on request.

### **Acknowledgement of terms and conditions of membership**

Is this application being filled out by a person other than yourself?

No

Yes →  I am the parent,  I am the legal guardian,  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I, the applicant, acknowledge that I have read and agree to the above Terms and Conditions of membership.**

**I, the parent/legal guardian/ other, as listed above have permission as required by law to agree to the terms and conditions of membership on behalf of the applicant.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Connect



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