



AIRPORT OVER 50s CLUB INC. 18 Coral Sea Road, Fulham : SA 5024
CLUB MEMBERSHIP APPLICATION

Name: _____ DOB: ____/____/19____

Address: _____

Do you live in the City of West Torrens Council area? YES / NO

Contact Mobile / Phone Number: _____

Email Address: *(To receive our Newsletter – please PRINT clearly)*

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Next of Kin Name: _____ Contact Number: _____

Which activities are you interested in participating in? (tick as many as you like)

Keep Fit Exercises	Table tennis	Indoor Bowls	BBQs/Lunches
Mah-Jong	Cards	Zumba	Pool
Line Dancing	Bus Trips		

Full Year Membership Paid: \$20 ☐ or \$10 ☐ from January. (Paid by Cash / Card).

How did you hear about the Club?

I warrant that I will only attend the Club and participate in its activities when physically fit to do so. Should I at any time have a medical condition that I am aware of that may cause me injury or harm if I attend the club or participate in its activities, I will refrain from attending the Club or participating in activities until I have a medical clearance to do so.

I acknowledge that I take full responsibility for my actions and indemnify the Club of ANY responsibility in regard to any harm or injuries that I may incur or cause to others while at the Club or participating in Club activities.

SIGNED BY NEW MEMBER: **DATE:**

APPLICATION ACCEPTED BY:
(Name of Committee Member)

Noted on Members Database By: Date: