| Membership 2022 |
| --- |
| MEMBERSHIP TYPE (indicate with: X) All membership types $30 |
| New Membership:  | Membership Renewal: |
| Athlete: | Coach: | Official: |
| Family: | Health professional: | Classifier: |
| member Information |
| Name: |
| Date of birth: |
| Address: |
| City: | State: |
| ZIP Code:  | Country: |
| Your email address: |
| Family email address: |
| Diagnosed disability:  |
| Have you been diagnosed with cerebral palsy (Yes/No): |
| Sport and recreational activities  |
| Sport and recreational activities you are interested in: |
| Sport classification(s): e.g. Athletics – T36 |
| PLEASE RETURN TO: CPSARA, P.O. Box 243, KENSINGTON, NSW 1465 OR VIA EMAIL @ SECRETARY@CPSARA.ORG.AUplease indicate payment method with x |
| Direct Debit | Cheque |
| Postal Order | PayPal |
| AMOUNT PAYABLE $30 ANNUAL MEMBERSHIP FEE |
| Direct Debit: Commonwealth Bank Australia BSB: 06 2256 Account No: 1005 5647Cheques payable to: The Cerebral Palsy Sporting And Recreation Association Of New South Wales Inc. PayPal: via website: [www.cpsara.org.au](http://www.cpsara.org.au)  |
| Member decleration |
| I/We HEREBY AGREE TO ABIDE BY THE RULES OF THE ASSOCIATION ON THE CPSARA WEBSITE. |
| I/We HEREBY AGREE/NOT AGREE ***(please delete one)*** TO THE ASSOCIATION USING MY PROFILE AND IMAGES TO PROMOTE THE ASSOCIATION. |
| CPSARA will collect and store the information you voluntarily provide to enable processing of your membership. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. |
| Signature(S) |
| Signature: | Date: |
| Signature of parent/guardian ( if member is under 18 years): | Date: |