



Membership Form

Name:	Date of Birth	Membership Type

Address: _____
Postcode: _____

Home Phone: _____ **Mobile:** _____

E-mail: _____
[Block Letters]

Emergency Contact Details
Name: _____
Home Phone: _____ Mobile: _____
Address: _____

I have included membership payment Will pay by direct bank deposit
(Whitehorse Chevaliers Fencing Club Inc, BSB: 083-321 Acct No: 18-802-0707)

I understand I will receive club and Fencing Victoria news and updates via e-mail

I understand photographs may be taken at the club during training sessions

Signed: _____ **Date:** _____
(Parent or Guardian if aged under 18)

CLUB USE ONLY		
<input type="checkbox"/> \$ Payment Received	<input type="checkbox"/> Registered with FV	<input type="checkbox"/> Affiliated