



# QUEENSLAND SUNS MEN'S & MIXED NETBALL ASSOCIATION (INC)

www.qldsuns.com



## Membership Application Form

The Queensland Suns Men's & Mixed Netball Association, herein will be referred to as (the Suns)

### Application Statement:

I hereby make an application for membership to (the Suns), being eligible in my capacity as a state player/coach/manager Committee Official. I understand that I am entitled to voting rights at the Suns Annual General Meetings.

<b>Member Position:</b>	
<b>First Name:</b>	
<b>Surname:</b>	
<b>DOB:</b>	
<b>Gender:</b>	
<b>Mobile:</b>	
<b>Email</b>	
<b>Home Address:</b>	
<b>State:</b>	
<b>Postcode:</b>	

### Application Commitment

By signing this commitment, I as a member, acknowledge & accept the terms of membership listed below:

- I agree to abide by all rules, regulations and policies
- I understand that my membership can be terminated if the Suns management committee concludes that I violated any rules, regulations, policies or general instructions.
- I understand that I am participating in Suns activities at my own risk.
- I hereby release, exempt & indemnify Sun's, its' management committee & its' agents in respect of all liability whatsoever & however caused whether by negligence or otherwise which may arise in connection with my participation in the Sun's activities.



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## Membership Fee:

The Suns membership fee is \$25 per year and is payable at the time application. All players selected in state teams will have their fee incorporated in the trials deposit.

Memberships fee is waived for any person appointed into a coaching or team manager position within or elected to the committee.

## Membership Validity:

The Sun's membership is valid for 1<sup>st</sup> October to 30<sup>th</sup> September each year unless terminated prior by the Sun's.

## Ceasing Membership:

All members of (the Suns) who have paid all monies may at any time terminate their membership. All members must provide (the Suns) notice of their intention to resign in writing and must provide at least one month's notice.

By signing this document all members understand their responsibilities and accept the terms and conditions of membership outlined in this document

### Members

### Parents or Legal Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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