



Club Membership Form

Name of local club _____

Member number
(Staff use only) _____

Before applying for club membership, please read all the information in the attached brochure and this form please print neatly using 'ALL CAPITAL' letters

Membership is valid for all PCYC clubs in Queensland

Fields marked with an * are compulsory

Member Details

First name* _____ Middle name _____ Family name* _____

Street address* _____

Suburb* _____ Postcode* _____ Date of birth* _____

Phone* _____ Email* _____

Occupation _____ School/College _____ Grade _____

Tick one only*

Gender Female Male Other Are you of Aboriginal or Torres Strait Islander descent? No Yes

Country of Origin _____

Keep me posted! Tick this box and we'll keep you up to date with all our latest news, events and offers via email.

Parent/guardian/next of kin

If required PCYC staff can contact:

First Name* _____ Family Name* _____ Relationship* _____

Phone* _____

Existing illnesses/allergies and injuries

Describe any illness, allergy, injury or health issue you have, or have recently experienced:

Doctor's name _____ Contact details _____

Describe any activity in which the applicant should NOT participate: _____

Interests

Are you interested in volunteering? Yes No

If yes: Coaching Cleaning Admin duties Gardening Bus driving

Are there any new activities you would like to see at your local club? _____

How did you hear about PCYC Queensland?

Television Radio Newspaper Word of mouth Social Media Other: _____

Club Member Agreement

Conduct

I have read and understand PCYC Queensland Code of Conduct and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a PCYC Club.

Privacy

I have read and understand PCYC Queensland Privacy Policy.

