| Membership 2024 |
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| MEMBERSHIP TYPE (indicate with: X) All membership types ARE NOW FREE! WE LOOK FORWARD TO HAVING YOU PART OF OUR COMMUNITY! |
| 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.AU |
| Member decleration |
| I/WE HEREBY AGREE/DO NOT AGREE ***(please delete one)*** ABIDE BY THE RULES OF THE ASSOCIATION ON THE CPSARA WEBSITE. |
| I/WE HEREBY AGREE/DO 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 old): | Date: |