| Membership 2024 | | | | |
| --- | --- | --- | --- | --- |
| 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](mailto: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: |