



APPLICATION FOR MEMBERSHIP TO AWTTA

Year _____

Name: - _____

Address:- _____

Phone: - (H) _____ (M) _____

Email: - _____

D.O.B.: - ____ / ____ / ____ Gender: _____

EMERGENCY CONTACT DETAILS

Name: - _____

Address:- _____

Phone: - (H) _____ (M) _____

Do you have any disability of which we should be aware of?

Please describe: - _____

Do you have any medications / ailments / wishes that would preclude any of the following?

(Please circle any that apply)

Emergency First Aid Yes No

Defibrillator Yes No

Resuscitation Yes No

Do you consent to First Aid being administered if deemed necessary?

(Please Circle) Yes No

I agree to abide by the constitution and bylaws of the AWTTA.

Signed: - _____ Date: - ____ / ____ / ____

Parent/Guardian Signature [if under 18 years] _____