



LVTC INC. & TRI VIC

Membership Application Form

MEMBERSHIP PERIOD: 1st July 2007 TO 30th June 2008
REG NO.14209Y

Send Form To; LVTC Inc, P.O. Box 1734 Traralgon 3844.

Section 1: Member details

NAME: (surname) _____ (title) _____ (first name) _____
(This is the name that will be on your Triathlon Licence Card and is to be used when entering all sanctioned events. This name will also be used for computed match results for rankings and assessment of series points)
 ADDRESS: _____
 POST CODE: _____
 PHONE: (h) _____ (w) _____ (mob) _____
 EMAIL: _____ Please tick if you prefer to receive your newsletter in hard copy
 GENDER: M F DATE OF BIRTH: ___/___/___ OCCUPATION: _____
 New Member Renewing Member 2006/2007 licence number: _____

Section 2: Type of membership

What membership are you taking out? Circle	LVTC	or	LVTC and Triathlon Victoria	
	LVTC		Tri Vic	Total
LVTC SENIOR over 19 years of age				\$ 30.00
LVTC & TriVic SENIOR over 19 years of age	\$30.00	+	\$89.00	\$119.00
LVTC JUNIOR under 20 years of age				\$ 11.00
LVTC & TriVic JUNIOR under 20 years of age	\$11.00	+	\$62.00	\$ 73.00
LVTC Associate Member	\$15.00			\$ 15.00

Total amount payment to be made as follows

A. Attach a cheque/money order for the **total amount** (made payable to Latrobe Valley Triathlon Club)

Please send full payment to

Latrobe Valley Triathlon Club Inc P.O. Box 1734 Traralgon 3844

Joining The Latrobe Valley Triathlon Club

I, (full name) _____ hereby apply to become a member of the LATROBE VALLEY TRIATHLON CLUB Inc. In the event of my admission as a member, I agree to be bound by the rules of the club as set down by the members and within the constitution.

Your email address could be used as part of the LVTC newsletter mail list.

Your name, address and phone number could be used in the newsletter club member contact list. Please indicate that you authorise the LVTC to use your contact details in this way, **Yes / no**

Signature: _____ (member/parent/guardian) Date: _____

Joining Triathlon Victoria

I hereby make application for a Triathlon Race Licence for the period 1st July 2007 to 30th June 2008 and agree to abide by the rules and regulations of the sport. I understand that the information provided by me will be included in a Triathlon Australia national database and may be required for disclosure on occasions to the Australian Sports Commission, the Australian Institute of Sport, other Academies of Sport and the Australian Drug Agency. The information is not to be released to any commercial enterprise, excepting the sponsors of Triathlon Victoria may use my name and address to post promotional material to me. Information such as name, age, results and the like may be released to race directors and the media in response to general requests.

Please tick this box if you do not wish to receive any promotional information from the sponsors of Triathlon Victoria

Signature: _____ (member/parent/guardian) Date: _____