



Albany Creek Excelsior Football Club Members Application Form 2010

Parent Details

Member No. _____

Address _____

Post Code _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Employer _____

Occupation _____

Email address: _____

Spouse's name _____

SpouseOccupation _____

Member Type _____

Other Contact: Name _____

Address _____

Post Code _____

Phone Number _____

Players under the age of 18 must have parents complete the above details

PLAYER DETAILS

Player Name	DofB	FFA RN	Age Group	Health Issues	Prev Team	RSJPL	FBI ID
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I will assist the Club by:

Coach:

Manager:

Committee:

Admin/Clerical:

Working Bees:

Sponsor a team:

I hereby apply for Membership of the ALBANY CREEK EXCELSIOR Football Club for the Year 2010 and in so doing agree to abide by the Constitution and By-laws of the Club and adhere to the Club's Code of Conduct. The information provided above is complete and correct. I acknowledge that the Club is exempt from all liability resultant from injuries sustained while involved in Club activities. For the protection of the Members, the Club will arrange insurance where available through the respective Football Associations. I understand that team photos will be distributed to team sponsors.

Signature _____ Date _____

Amt Due _____

Amt Paid _____

Cash Cheque Credit Card Receipt No _____