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|  Form No:  |  **IMS-F-007** |  Version No:  |  V20190417 |
|  Issued: 20111210 |  **Reviewed: 20190417** |  Authorised By: |  Director Communication & Marketing |

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| ***Please ensure all details are complete, clearly printed (preferably typed) and accurate, including the information at bottom of this form. Do not include Associates (i.e. members who are already registered as ATHRA members with another club). For insurance purposes, the postal address MUST be the member’s personal address, not the club address. A signature is not required if the form is filled in and submitted electronically. An email address is MANDATORY.*** |
| **CLUB NAME:** |  | **MEMBERSHIP YEAR:** |  |
| **CLUB ADDRESS:** |  |

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| **ATHRA****No.:** | **First Name** | **Last Name** | **Postal Address and Post Code****Must be a full and valid postal address recognised by Australia Post** | **Date of Birth****(Mandatory)** | **Contact Detail****(complete all details including email address) Include area code in phone number** | **Gender****Male/Female** | **Renewal (R) orNew (N)** | **Member Category****J – Junior S – SocialC – Child SN – Senior****A - Adult** |
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| **SECRETARY’S OR TREASURER’S NAME:** |  | **SIGNATURE:** |  | **DATE:** |  | **TOTAL PAYMENT: $** | **$** |