



South Coast Hockey Association Inc.

PO Box 1160 Aldinga Beach SA 5173

ABN: 30 917 963 898

www.southcoasthockey.org.au



APPLICATION FOR ASSOCIATE MEMBERSHIP 2012

SURNAME:	<input type="text"/>	GIVEN NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>	CITY / SUBURB:	<input type="text"/>
POSTCODE:	<input type="text"/>	HOME PHONE:	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>	MOBILE:	<input type="text"/>
		D.O.B:	<input type="text"/>

VOLUNTEER and PHOTO CONSENT

The South Coast Hockey Association asks if you are able to give us some of your time, and are in a position to volunteer to do anything that may be needed throughout the year, that you please tick the following Volunteer check box. If we need your help or expertise, we may contact you by either E-mail or Phone.

I would like to volunteer to help the SCHA.

PHOTOGRAPHY CONSENT:

All photos and videos that are displayed on the SCHA web site must gain the approval of the Executive before being uploaded. The guidelines and conditions for such approval can be viewed on our web site.

I consent to my name & photo being published in Newspapers for the purpose of promoting the game of Hockey and further consent to photos or videos of me being used on the SCHA web site, Facebook and Newsletters.

YES: NO:

(If under 18) Parent / Guardian Signature: (once printed) _____ DATE: _____

AGREEMENT

I the undersigned, hereby agree to abide by the Constitution, By-Laws, Member Protection Policy and the Rules of the South Coast Hockey Association and agree to conduct myself at all times in accordance with the SCHA Code of Conduct to help ensure the safety, comfort and enjoyment of all players, spectators and members, and understand that all of these forms are available for viewing on the SCHA web site.

I also agree to my personal information, which is included on this form, to be stored in part or in full by the South Coast Hockey Association and to be used in the normal day to day administration of the SCHA, and understand that I may receive E-mails from the SCHA from time to time which will keep me informed of changes or upcoming events within the Association.

SIGNATURE: (once printed) _____ DATE: _____

(If under 18) PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

Please use the E-mail Button below to send an electronic copy of your application to the SCHA Recording Officer. When the E-mail Authority window opens, please select the **FIRST** option as you are unable to save this application to your computer. The South Coast Hockey Association guarantees that the E-mail address you use to send this application will **NOT** be recorded. Please use the Print Button to enable you to give a printed copy of your application to the SCHA Treasurer where-upon a receipt shall be given once payment is received.

At the 2011 Annual General Meeting, the South Coast Hockey Association fixed the Associate Member Fee for 2012 at \$30.00
Please make your Cheque / Money Order payable to the South Coast Hockey Association Inc.

SCHA USE ONLY: Processed by: _____ Date receipt issued: _____

SIGNATURE: _____ POSITION: _____