

Social Membership Form

Personal Details		Year: 20			
First Name	Surname				
Email	Contact No				
Address					
Suburb	Postcode				
Club Details					
☐ Arafura Calisthenics Club	☐ Dream Calisthenics Dance Club				
☐ Top End Calisthenics Club – Jingili	☐ Top End Calisthenics Club – Palmerston				
Fee					
□ \$5.00 – Volunteer, Social, Committee Payment to be made to NTCA BS Reference: Surname, First Initial and Se		Account Number: 165886714			
Declaration					
I authorise the information provided on this for Association (NTCA) for the administration of the NTCA and be recorded in the Australian of the jurisdiction of the Northern Territory.	he sport of calist	henics and in accordance with the objects			
I acknowledge and consent to photographs, viparticipation and association with the NTCA. I use my name, images, recordings, likeness are publications, communications and promotional	acknowledge ar nd my performar	nd agree that the NTCA and ACF may nces, for adjudication, training,			
I agree to NTCA and ACF sending me informathem from time to time.	ation pertaining t	to programs and promotions conducted by			
I understand that I can access my personal information through the NTCA upon request.					
confirm that the above information contained in this form is correct and agree with the declaration.					
ignature Date					
Please submit this form to registr	<u>ar.ntca@gm</u>	nail.com			
Email: <u>secret</u> Website: <u>w</u>		with the Australian Calisthenic Federation na NT 0811 nics.org.au es.org.au			
Office Use Only					

Receipt Number

Form and documentation filed

Date ACF database updated

Actioning Officer