



WEIGHTLIFTING WESTERN AUSTRALIA

ABN 27 028 398 567

Postal Address:
PO Box 2337 Midland WA 6936
Tel: 08 9379 2528
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Email: weightliftingwa@globaldial.com
Web Address: www.wwa.org.au

2010 Membership Application Form

Personal Details

Name _____ Date of Birth _____
Address _____ Postcode _____
Phone: Home _____ Work _____
Mobile _____ Email address _____
Club _____ Coach's Name _____
Referee Status _____ NCAS Coach Level _____

Membership Type: Senior Junior (U20) Official / Other

I the undersigned hereby apply for membership of WWA Inc and agree to be bound by the rules of the Association for the time being in force together with the provisions of the Doping Policy of the Australian Weightlifting Federation Inc, that shall be deemed to be the Doping Policy of WWA Inc.

Signature of Applicant: _____ Date _____

DRUG DOPING POLICY (Lifters only)

I _____ undertake that I shall comply with all the lawful and proper directions of the Australian Sports Anti Doping Authority or any other properly authorized authority, and that I submit to lawful and proper testing for the presence in my body of banned doping agents.

Signature of Applicant _____ Date _____

CONSENT OF PARENT / GUARDIAN (if applicable)

I _____ of _____
Being the Parent / Guardian of _____ hereby consent to the said person
_____ in complying with all lawful and proper directions of the Australian
Sports Anti Doping Authority or any other properly authorized authority that they submit themselves to lawful
and proper testing for the presence in their body of banned doping agents.

Signature of Parent / Guardian: _____ Date _____



MEDICAL HISTORY

- 1 Do you have any permanent physical disabilities Yes No
If yes please detail _____
- 2 Do you suffer from diabetes? Yes No
State if controlled by insulin, oral medication or diet _____
- 3 Have you ever suffered from epilepsy, asthma or similar conditions. Yes No
If yes please detail _____
- 4 Do you take any form of medication? Yes No
If yes, please give details _____

PLEASE NOTE

- 1 Membership is only valid on this application form
- 2 New junior members must send proof of Date of Birth with this application or otherwise membership will not be accepted
- 3 The Council of WWA Inc must ratify acceptance of membership.
- 4 Media interviews must have approval from the President or Vice president of WWA Inc.
- 5 Random Drug Testing may be conducted at any time by the Australian Sports Anti Doping Authority at any weightlifting competition under the auspices of the Australian Weightlifting Federation.

Phone the ASADA Hotline for advice on medications 1300027232 or go to www.asada.gov.au

Signature of Applicant _____ Date _____

False declaration may result in refusal or cancellation of membership.

Membership is subject to acceptance by the Council of WWA Inc.

MEMBERSHIP FEES

SENIORS	\$90.00
JUNIORS (under 20 as at the first of January)	\$60.00
AFFILIATED SCHOOLS MEMBERS U17	\$20.00
OFFICIALS / OTHERS	\$60.00

Please make cheques, MO payable to WWA Inc.

Membership Fees include the following

- Bi- monthly newsletter
- Free entry to National and international events held in Perth
- 2010 calendar of events
- Free entry to the WWA Inc end of year function
- Sports insurance for members

Please return completed form to:
Hon. Sec. WWA Inc.
PO. Box 2337
MIDLAND WA 6936

