



WEIGHTLIFTING WESTERN AUSTRALIA INC
 ABN: 27 028 398 567
 PO BOX 8420
 WARNBRO WA 6169
 TELEPHONE/FAX: 9594 2177
 Email: gracemorrison@bigpond.com
 Web Address: www.wwa.org.au



2012 MEMBERSHIP APPLICATION FORM

NAME		DATE OF BIRTH	
ADDRESS		POSTCODE	
TELEPHONE	MOBILE		
OCCUPATION	EMAIL ADDRESS		
COACH'S NAME	CLUB		
NCAS COACH LEVEL	REFEREE STATUS		
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 _____





WEIGHTLIFTING WESTERN AUSTRALIA INC

**MEDICAL HISTORY**

Do you have any permanent physical disability YES NO

If yes please detail: _____

Do you suffer from diabetes? YES NO

State if controlled by insulin, oral medication or diet _____

Have you ever suffered from epilepsy, asthma or similar conditions? YES NO

If yes please detail _____

Do you take any form of medication? YES NO

If yes, please give details _____

PLEASE NOTE

Membership is only valid on this application form.

1. New junior members must send proof of Date of Birth with this application or otherwise membership will not be accepted.
2. The Council of WWA Inc must ratify acceptance of membership
3. Media interviews must have the approval of the President or Vice President of WWA Inc.
4. 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.

Telephone the ASADA Hotline for advice on medication 1300 027 232 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	\$100.00
Juniors (Under 20 as at 1 st January)	\$ 70.00
Youths	\$ 70.00
Affiliated School Members U17	\$ 25.00
Officials/Others	\$ 70.00

Please make cheques and money orders payable to: WWA Inc . ALTERNATIVELY YOU MAY PAY BY DIRECT DEPOSIT TO BANKWEST BSB 306 041 ACCOUNT NUMBER 0563159. USING YOUR INITIALS AND SURNAME AS A REFERENCE. IF YOU CHOOSE THIS METHOD YOU MUST ATTACH A COPY OF YOUR DEPOSIT SLIP FOR PROOF OF PAYMENT ALONG WITH YOUR COMPLETED MEMBERSHIP FORM AND POST TO:

**Honorary Secretary
PO Box 8420
WARNBRO WA 6169**



Australian Government
Australian Sports
Anti-Doping Authority



Department of
Sport and Recreation

