



AUSTRALIAN POWERCHAIR HOCKEY
ASSOCIATION (NSW) INCORPORATED.

www.apcha.org.au

Postal Address

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Windsor Downs
NSW
2756

Email:

kieran@thewattsfamily.id.au

2020/21 MEMBERSHIP APPLICATION FORM

Name: _____ D.O.B: ____/____/____

Address: _____

Postcode: _____

Home Ph: _____ Mobile: _____

Email: _____

ATHLETE DETAILS

IPCH Classification: _____ Shirt Size: _____

Disability: _____

Emergency Contact: _____ Number: _____

Membership fee Junior player \$50 Senior player/general member \$60

Please ensure membership fees are paid by round 1 payments will not be accepted after this time without APCHA Board approval

I wish to apply for membership and understand that by doing so I agree to be bound by the rules and policies set by Australian Powerchair Hockey Association (NSW) Incorporated. I have also read and agree to the terms and conditions outlined in the constitution and the code of conduct.

NOTE: The acceptance/denial of your application is at the sole discretion of the board of directors of Australian Powerchair Hockey Association (NSW) Incorporated.

Signature: _____

Date: ____/____/____ (Parent or legal guardian if under 18 years old)