WEIGHTLIFTING TASMANIA Inc.

Affiliated with the Australian Weightlifting Federation and the Tasmanian Olympic Council ABN 37 009 583 533



2019 Membership Application Form

Applicant Details				
Name) of			(Street Address / PO Box)	
(Suburb)			(Postcode)	
Date of Birth		Email _		
Club:	Со	ach:		_
Contact Number/s				
Yearly Membership Fees (Please note (See fee structure documentation for oth		-	ion fee for members is \$30 per	event)
Senior Aged over 20 on 1st January	\$70.00	Junior	Aged under 20 on 1st January	\$60.00
Youth Aged under 17 on 1st January	\$50.00	Associate	Official/Coach/Associate	\$35.00
I, the undersigned, hereby apply for menus Federation Limited in the category of: Senior □ Junior □ You	mbership o uth □	of Weightlift Associa		an Weightlifting
I agree to comply with the policies and Federation Limited. I declare that I under Federation Limited's Anti-Doping Policy (d rules of stand and	Weightliftin will comply	g Tasmania Inc. and the Australi with and be bound by the Australi	ian Weightlifting
Applicant's Signature				
Signed	_ Dat	e:		
Consent of Parent / Guardian (in the even being the (applica	Parent /	Guardian of	her	
the Australian Weightlifting Federation				
(applicant's name) complies with the Code	e of Conduc	ct as outlined	I on page 2 of this form.	
Signature of Parent/Guardian			Date	
Parent/Guardian Contact Number/s			Parent/Guardian Email	

Please complete page 2 of this form

Code of Conduct

As a member of Weightlifting Tasmania Inc. I will:

- 1. Encourage the participation of athletes
- 2. Respect the time and efforts of every volunteer
- 3. Be available to assist with the preparation and running of competitions
- 4. Be a positive role model for my sport and other members
- 5. Operate within the rules of my sport
- 6. Refrain from any form of personal abuse or harassment towards athletes and officials either directly or indirectly including through any form of social media
- 7. Accept responsibility for my actions
- 8. Wear appropriate apparel
- 9. Refrain from any form of bad language or behaviour
- 10. Refrain from any form of Sports Doping

Signature of Applicant	Date	
Parent / Guardian Signature: (only required if applicant under 18 ye		
Authorisation for Drug	Testing	
I	ity (ASADA) or any other properly	
Signature of Applicant	Date	
Parent / Guardian Signature:under 18 years of age)	Date:	(only required if applicant
Please Note: All coaches and athletes required to provide proof of completin	•	
Publication of Photogra	aphs	
I, give consen (insert child's name) photograph or vio printed or electronic form and may be	deo footage in the organisations publ	lication/s. The material may appear in
I authorise the use or reproduction Weightlifting Tasmania without ackr ownership of the photograph will be re	nowledgement and without being	• •
I understand and agree that if I wis Weightlifting Tasmania.	h to withdraw this authorisation, it	t will be my responsibility to inform
Signature of Applicant	Date	
Parent / Guardian Signature	Date:	(for applicants under 18)

RETURN TO: Email wtitreasurer@gmail.com or post to Weightlifting Tasmania Inc, PO Box 141 Ulverstone, TAS, 7315