



# QUT HOCKEY MEMBERSHIP FORM 2011

## CONTACT DETAILS

Name: ..... DOB: .....

Sex (M/F): .....

Address:  
.....

Phone (H): ..... Phone (M): .....

Email: .....

Are you on the Club Email List (Y/N): .....  
(If not you will be placed on the list and will receive weekly emails. You can always unsubscribe)

## PREVIOUS AFFILIATIONS AND PREFERENCES

QUT Student (Y/N): .....

QUT Student Guild Member (Y/N): .....

If you are a student, what are you studying: .....

If you work, what is your profession: .....

Have you previously been a member of the QUT Hockey Club (If yes, indicate which years): .....

Do you intend to play for another club this year under dual registration (Please indicate Y/N and if yes, what club/association): .....

If yes to above question, will Brisbane be your Primary or Secondary Association:  
.....

Do you intend to play Masters as well as Seniors (Y/N): .....

I am interested in playing (Women) (please circle): TURF / GRASS / BOTH



## QUT HOCKEY MEMBERSHIP FORM 2011

Preferred team to trial for (WOMEN TURF) (please circle):

QUT1 (DIV 1 or 2\*) / QUT 2 (DIV 2 or 3\*) / QUT 3 (DIV 3 or 4\*) /  
QUT 4 (DIV 4 or 5\*) / MASTERS Div 2\*

\* depends on BWA gradings

Preferred team to trial for (WOMEN GRASS) (please circle):

QUT5 (DP1) / QUT 6 (DP4\*)

\* depends on BWA gradings

Preferred team to trial for (MEN TURF) (please circle):

DIVISION 1 / DIVISION 2 / DIVISION 3 / DIVISION 5

Preferred position: FORWARD / FULLBACK / MIDFIELD / GOALKEEPER

2010 CLUB: .....

2010 DIVISION: .....

2009 CLUB: .....

2009 DIVISION: .....

2008 CLUB: .....

2008 Division: .....



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## QUALIFICATIONS

Have you ever played at a Representative level or been in any Premiership Winning Teams. (If yes, please provide details below including team/division played for, number of years and particular achievements)

.....  
.....  
.....  
.....

Umpiring Qualification (Y/N): .....

Umpire Badge Held (provide details): .....

Highest Division you are able to umpire: .....

## EMERGENCY CONTACT

Name: .....

Relationship: .....

Phone (H): ..... Phone (M): .....

EMAIL: .....

Existing Medical Conditions/Injuries:

.....

Allergies: .....



## QUT HOCKEY MEMBERSHIP FORM 2011

### PAYMENTS

(Please indicate which option you will pay your Club membership fees by placing a "X" in the "Payment" column)

TYPE	FEE	PAYMENT
<b>MEN'S TURF</b>		
Full Time* (Full payment must be made by 18 <sup>th</sup> March 2011)	\$750	
Full Time* (70% paid by 18 <sup>th</sup> March 2011 & 30% paid by the end of the first round)	\$775 (\$542.50 by 18 <sup>th</sup> March 2011 & \$232.50 by end of first round)	
10 Game Casual*	\$680 (TBC)	
5 Game Casual*	\$270	
Secondary Dual Fee*	\$680 (TBC)	
Men's Junior Playing as Senior* (Full Payment Made by 18 <sup>th</sup> March 2011)	\$470	
Men's Junior Playing as Senior* (70% paid by 18 <sup>th</sup> March 2011 & 30% paid by the end of the first round)	\$495 (\$346.50 by 18 <sup>th</sup> March 2011 & \$148.50 by end of first round)	
<b>WOMEN'S TURF</b>		
Full Time (Full payment must be made by 5 <sup>th</sup> March 2011)	\$700	
Full Time (70% paid by 4 <sup>th</sup> March 2011 & 30% paid by the end of the first round)	\$725 (\$507.50 by 4 <sup>th</sup> March 2011 & \$217.50 by end of first round)	
5 Game Casual	\$190	
Secondary Dual Fee	\$530	
<b>WOMEN'S GRASS</b>		
Full Time (Full payment must be made by 2 <sup>nd</sup> April 2011)	\$350	
Full Time (70% paid by 2 <sup>nd</sup> April 2011 & 30% paid by the end of the first round)	\$375 (\$262.50 by 25 <sup>th</sup> March 2011 & \$112.50 by end of first round)	
5 Game Casual	\$130	
<b>WOMEN'S MASTERS</b>		
TBC		

\* Please note the dates for the men's payment may vary depending on the start date of the season. Also note that penalties will apply to those that do not adhere to their payment plans. For further information on payment options, please contact the club treasurer.



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### MEMBER DECLARATION

I warrant that the information contained in this Membership Form is true and correct. I agree to abide by all policies of the QUT Hockey Club Inc (“Club”) made available to me from time to time and do everything reasonably necessary to ensure the Club can comply with the requirements, policies and procedures of the Brisbane Womens Hockey Association, Brisbane Hockey Association and Hockey Queensland (collectively, the “Associations”).

I acknowledge that the personal information about me collected in this Membership Form may be distributed by the Club to members of its Management Committee and other people voluntarily performing jobs for the Club and the Associations for the purposes of facilitating your participation in the events, activities, competitions and the like held by the Club or Associations.

Signature: .....

Date: .....