



SUNRAYSIA FOOTBALL UMPIRES ASSOCIATION INC.

2022 MEMBERSHIP FORM

MEMBER DETAILS:

FIRST NAME:

SURNAME:

DATE OF BIRTH: / /

ADDRESS:

SUBURB:

STATE: POST CODE:

EMAIL:

MOBILE:

EMERGENCY CONTACT:

NAME:

SURNAME:

RELATIONSHIP:

MOBILE:

MEDICAL:

Existing medical conditions (e.g. Allergies, Asthma, Diabetes, Heart condition):

WORKING WITH CHILDREN CHECK:

A copy of your current working with children check will have to be supplied with submitted membership form or alternatively emailed to sfuasecretary@gmail.com

NUMBER:	EXP:
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WORKCOVER:

Members **MUST** disclose previous and/or current injuries or health issues that may impact their ability to act as an umpire.

I have no current/previous injuries that may affect my ability to umpire.

I hereby declare the following pre-existing injury/health issue for the purpose of disclosure with the Sunraysia Football Umpires Association (SFUA) Workcover policy:

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MEMBERSHIP TYPE (circle): All ages as of 01/01/2022

MEMBER TYPE	AGE	COST	VOTING RIGHTS
Senior	18 years and over	\$80	Yes
Student	14-17 years	\$50	No
Junior	13 years and under	\$30	No
Social	18 years and over	\$20	Yes
Family	1 x Senior + unlimited student/junior	\$150	Senior Only

TRAVEL CAR – EXPRESSION OF INTEREST:

Do you wish to be included as a paid Travel Car option this season? YES NO

LICENCE NUMBER:	EXPIRY:
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CODE OF CONDUCT:

I confirm that I have read and understood the SFUA Code of Conduct and hereby agree to adhere to the conditions of this policy for the benefit of all members.

SIGNED:	DATE:
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PHOTOGRAPHY CONSENT & RELEASE:

I hereby grant permission to Sunraysia Football Umpires Association representatives to take and use photographs and/or videos of me, as detailed in the Code of Conduct booklet.

SIGNED:	DATE:
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SOCIAL MEDIA POLICY:

I have read and understood the SFUA Social Media Policy and that by signing below, I agree to adhere to this policy as detailed in the Code of Conduct booklet.

SIGNED:	DATE:
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UPDATE MEMBER BANK DETAILS: No change from last season or update below
Account Name:

BSB: Account Number:

SFUA OFFICE USE ONLY:

Membership payment (circle) - Deposit EFTPOS
Reference: Paid (date):