



Membership Form 2010/2011

Dragons Abreast Australia Ltd ACN 104 261 029

Cost \$15



Title Ms/Mrs/Miss/Mr	First names	Surname	DOB
Postal Address	Street	Suburb	Postcode
Telephone	Home	Work	Mobile
Email			

Other Relevant Information:

Are you a breast cancer survivor?	Yes / No
If 'yes' when diagnosed?	
Can you swim 50 m?	Yes / No
Do you have any other medical conditions you feel we should know about that may affect you when participating in Dragon Boating? If yes, please indicate.	Yes / No

Photographic Consent

We seek your permission to use your photograph and other generic details from time to time in information to members, national and international publications, our sponsors and other corporate and fundraising partners including our newsletters and website to promote and fundraise for *Dragons Abreast Australia*.

We will not disclose your name or address to any other organization without your consent.

Your details will be maintained in a confidential database to be used solely for the purpose of advising you of current events, sending the newsletter and all matters associated with *Dragons Abreast Australia*.

Do you agree to your photograph and other generic details being used for this purpose?	Yes / No
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Policy/Indemnity: I have read the policy document of Dragons Abreast Australia Ltd and agree to abide by its terms and philosophies. (Please go to the website www.dragonsabreast.com.au to read the policy document or alternatively, you can request a copy to be forwarded to you.) I hereby indemnify and hold indemnified Dragons Abreast Australia Ltd, its servants, representatives, officers or agents from any claims, actions and demands arising out of loss of my life, injury, loss or damage of any description whatsoever which I may sustain as a result of my association with it.

Signature	Date
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