



MEMBERSHIP APPLICATION

Date Joined: _____ / _____ / _____

MEMBERS FULL NAME: _____ Date of birth: _____ / _____ / _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

CONTACT PHONE NUMBER: _____

EMAIL: _____ T. SHIRT SIZE _____

Please Tick which Membership Pack you would like:

CT Membership \$ 25.00

CT Gold Membership \$70.00

SIGNATURE: _____

I do not want to receive information about member specials and discounts

Centre use only:

Date Processed: _____ / _____ / _____ By _____

Data Entered: _____ / _____ / _____

Membership Number: _____