



Calisthenics - the artistic sport uniquely Australian

The NT Calisthenics Association is affiliated with the Australian Calisthenic Federation

PO Box 43364 Casuarina NT 0811

secretary@ntcalisthenics.org.au

ABN: 78 966 404 895

APPLICATION FOR 2018 SOCIAL MEMBERSHIP

FEE: \$7.00

NAME (First Name/s)..... (Surname).....

POSTAL ADDRESS:

.....

CONTACT PHONE NOS. Home:Work:
Mobile: E-mail:

Club Name:

I hereby apply for membership of the NTCA and agree to abide by the Constitution and all other rules of the Northern Territory Calisthenic Association Incorporated.

Privacy Collection Statement

I authorise the information provided on this form to be used by the Northern Territory Calisthenic Association Inc (“the Association”) for the administration of the sport of calisthenics and in accordance with the objects of the Association. This information will be held in an Association database at the Association office and I understand that I can access my personal information through the Association upon request. If the information is not provided I might not be permitted to participate in calisthenics events conducted by the Association.

I authorise the Association to forward the information contained on this form to the Australian Calisthenic Federation (“ACF”) or governing bodies for use by it in the administration of the sport of calisthenics on a national level and in accordance with the objects of the ACF.

I acknowledge and consent to photographs and video footage being taken of me during my participation and association with the NTCA. I acknowledge and agree that the Association and ACF may use the photographs or video footage for adjudication, training and promotional purposes without my further consent being obtained. Further, I consent to the Association and ACF using my name, image, likeness and also my performances where applicable, at any time, to promote the sport of calisthenics, the Association or the ACF by any form of media.

I authorise the publication of my competition results where applicable. I also agree to the Association and the ACF sending me information pertaining to programs and promotions conducted by them from time to time.

Acceptance of this application shall be subject to a vote of the NTCA Committee of Management at the next scheduled meeting after the Secretary receives the application. The Committee may accept or reject the application at its absolute discretion.

If you do not have a copy of the constitution please request a copy from the NTCA Secretary secretary@ntcalisthenics.org.au

Signature.....

Date...../...../.....

**Lodge application with the NTCA Registrar at registrar.ntca@gmail.com Payment of the fee must accompany this application.
Preferred Method of payment Direct Deposit, Cheques to be made payable to NTCA.**