



# Social Membership Form 2019

## Personal Details

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First Name \_\_\_\_\_ Surname \_\_\_\_\_

Contact No \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

## Club Details

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- Arafura Calisthenics Club     Dream Calisthenics Dance Club     Resplendent Calisthenics College  
 Top End Calisthenics Club – Jingili     Top End Calisthenics Club - Palmerston

## Fees

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- \$5.00 – (Social member, volunteers and/or committee members)

Payment to be made via bank transfer to:

Account name: NTCA                      BSB: 035 311                      ACC: 140019

Reference: Surname and first initial and Social (eg SmithBSocial)

## Declaration

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I hereby apply for membership of the Northern Territory Calisthenics Association (NTCA) and agree to abide by the Constitution and all other rules of the NTCA. [www.ntcalisthenics.org.au/governance](http://www.ntcalisthenics.org.au/governance).

I authorise the information provided on this form to be used by Northern Territory Calisthenics Association (NTCA) for the administration of the sport of calisthenics and in accordance with the objects of the NTCA and be recorded in the Australian Calisthenics Federation (ACF) database, stored outside of the jurisdiction of the Northern Territory.

I acknowledge and consent to photographs, video and audio recordings being taken of me during my participation and association with the NTCA. I acknowledge and agree that the NTCA and ACF may use my name, images, recordings, likeness and my performances, for adjudication, training, publications, communications and promotional purposes without further consent being obtained.

I agree to NTCA and ACF sending me information pertaining to programs and promotions conducted by them from time to time.

I understand that I can access my personal information through the NTCA upon request.

I confirm that the above information is correct and agree with the declaration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Please submit this form via email to [registrar.ntca@gmail.com](mailto:registrar.ntca@gmail.com). Payment of the fee must accompany this application.**

### **Calisthenics – the artistic sport uniquely Australian**

The Northern Territory Calisthenics Association is affiliated with the Australian Calisthenic Federation

Postal: PO Box 43364 Casuarina NT 0811

Email: [secretary@ntcalisthenics.org.au](mailto:secretary@ntcalisthenics.org.au)

Website: [www.ntcalisthenics.org.au](http://www.ntcalisthenics.org.au)

ABN: 78 966 44 895

**Office Use Only**

Date fees paid: .....	Receipt Number .....
Date ACF database updated .....	Form and documentation filed .....
Actioning Officer .....	Date .....