

Fight Sports Association



Incorporated



Trainer's Membership Form

Membership No: _____

Trainer's Membership Fee: \$30.00

Full Name: _____

Address: _____

_____ Postcode: _____

D.O.B: _____

Sex:

Male

Female

Club: _____

Club Address: _____

_____ Postcode: _____

Discipline(s) Qualified in: _____

Contact Telephone No: _____

E-mail: _____

Emergency Contact & No: _____

Signed: _____ Dated: _____

Please include copy of First Aid Certificate, Working with Children's Check, Qualification Certificates and/or Trainer's Competency Test (*if first application*)

Please Note: First Aid and Working with Children's checks need to be updated on expiry