



## 2009-10 Membership Form

<b>First name:</b>	<b>Last name:</b>
Sex: <input type="checkbox"/> Male: <input type="checkbox"/> Female	<input type="checkbox"/> New member: <input type="checkbox"/> Membership renewal:

<b>Birth date:</b> ____ day: ____ month:	<b>Age group:</b> <input type="checkbox"/> 50-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66-70 <input type="checkbox"/> 71-75 <input type="checkbox"/> 76-80 <input type="checkbox"/> 81+
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<b>Home address:</b>	<b>Postal address</b> (if different from Home)
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<b>Phone No:</b>	<b>E-mail address:</b> ( please print in lower case letters)
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Do you have fax facility? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Fax No:</b>
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Do you have your own computer at home?  yes  no

**Operating System on your own computer:**

Don't know     Dos only     Win 3.1     Linux     Macintosh  
 Windows 95     Windows98     WindowsMe     Windows2000     WindowsXP  
 Vista     Other (please state)

**How do you rate your computer skills at this time:**

None at all	Raw Beginner	I just get by	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXTRACTS FROM BY- LAWS (The club means Byron Shire Seniors Computer Club Incorporated)

“Article .....: No member shall have any claim against the club, any member, or any committee member in respect of any act, matter or thing done in good faith and purporting to be done in accordance with the constitution and by-law of the club”

I acknowledge that:

- i. I have read and I understand the EXTRACTS FROM BY-LAWS appearing herein,
- ii. I attend classes and participate in other activities run by the club, entirely at my own risk,
- iii. I absolve and indemnify the club and all its members, from all liability arising for injury, loss and/or damage to me and/or my property, however caused.

Signed:..... Witnessed: .....(Sign)

Date: .....2009-10    Witness Name:.....(Print)

<b>NOTIFY IN AN EMERGENCY</b>	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>	<b>MOBILE</b>

Fees: \$20 pa (\$15 from July, \$10 from Oct. \$5 from Jan)

**OFFICE USE ONLY:**

Fees paid:	\$	Date received:	
Fees Received By:		Receipt no:	
Membership card issued:	Date:	Issued by:	
Entered in computer:	Date:	Entered by:	

Please Post with payment to the Treasurer BSSCC, PO Box 2094, Ocean Shores 2483  
Please include a stamped SAE for return of receipt (unless paying extra \$5)