

2020 APDA Individual Member Registration Form

Member Details

First Name _____ Surname _____

Email _____

Club Name _____

Date of Birth _____ 2019 Age Group _____

Contact No. _____

Address _____

Suburb _____ State _____ Post Code _____

APDA Policies/Rules

I have been provided with the following Policies/Rules and have read, understood and agree to abide by them in full:

- Individual Membership Rules
- Code of Conduct
- Social Media Policy

Parent/Guardian/Member Signature _____

Photographic Consent

Permission for APDA to print daughter's/member's photo(s) on publications (Eg flyers, brochures, programs).

Yes / No

Permission for APDA to post daughter's/member's photo(s) on website or social media.

Yes / No

Parent/Guardian/Member Signature _____

Privacy Statement

APDA is committed to providing you with the highest levels of membership service. This includes protection of your privacy. We are bound by the sections of the Commonwealth Privacy Act (1988) which sets out principles concerning the protection of individual's personal information. For further information contact us at compliance@physieanddance.com.au.