

# W.A. Roller Derby Membership Form

Date

Name

Address

Suburb

Postcode

Phone (Mob)

None

Phone (Home)

None

Email

Preferred Contact Method:

Mobile Phone

email

SMS

Home Phone

Paper Mail

Preferred Derby Name

Preferred Derby Number

Training team

Type of Membership

Skater

Official

Coach

Yes, I would like to be sent email updates from:

My team

W.A. Roller Derby

In Case of Emergency Contact

Name

Address

Phone

Phone 2

Relationship

Existing health issues:

I agree to be bound by W.A. Roller Derby's Code of Conduct