

APPENDIX 1 Application For Membership

Applicant Details

First Name:	Last Name:			
Gender:	Date of Birth:			
Home/Work Phone:	Mobile Phone:			
Email				
Address:				
Australian Citizen: Yes / No (circle)	Nationality, If No:			
Suburb:	State:	Postcode:		
Payment: S50.00 Full	\$20.00 Concession			
(Note: Membership will not be granted if the fee is not paid in full)				

Membership Declaration

In seeking to make application to become a Member of Boxing Australia (Tasmania) Inc I hereby agree:

- (a) to be bound by, and to observe, the Anti-Doping, Participant Protection Regulations and Regulation for the Determination of Complaints of Boxing Australia Limited, as amended from time to time;
- (b) that Boxing Australia Limited's Anti-Doping, Participant Protection Regulations and Regulations for the Determination of Complaints, as amended from time to time, may be enforced against me;
- (c) that Boxing Australia Limited may test and, where appropriate, discipline me in accordance with its Anti-Doping Regulations, as amended from time to time;
- (d) that Boxing Australia Limited may conduct investigations and, where appropriate, discipline me in accordance with its Participant Protection Regulations and its Regulations for the Determination of Complaints, as amended from time to time;



- (e) that subject to the laws (written and unwritten) of the Commonwealth of Australia and the State of Tasmania, I will at all times observe and comply with the requirements of World Boxing as amended from time to time; and that I am not the subject of a current resolution of:
 - (i) expulsion and disgualification from membership of Boxing Australia (Tasmania) Inc.;
 - (ii) suspension, expulsion or disqualification imposed by Boxing Australia or;
 - (iii) suspension of, or expulsion and disqualification from, membership of any other association that is a member of Boxing Australia.

Payment Options

Cheque/Money Order payable to Boxing Australia (Tasmania) Inc and posted to 300 Liverpool Street, Hobart, 7000.

Electronic Funds Transfer to BSB: 807-009 Account Number: 301 188 11 (please add your full name to transfer receipt).

Signed:			Date:/	/
Date received by the BA ⁻	T Secretary:		//	
OFFICE USE ONLY				BAT STAMP
All Sections Completed	YES□	NO□	Cheque/Money Order No.	
Payment received	YES□	NO□	Receipt No.	
Info added to register	YES□	NO	Date	-



DEED POLL ACKNOWLEDGING THE BINDING EFFECT OF THE CONSTITUTION AND REGULATIONS OF BOXING AUSTRALIA LIMITED

TO: BOXING AUSTRALIA LIMITED ("BAL")				
I,		of		
(Print Full Name) (Insert Contact Phone Number)		(Print Full Address)		
		(Email Address)		
hereby agree as a condition of, a	nd in consideration	n for, my (tick one or more of the following):		
from time to time.	hat: nd bound by the Co	onstitutions and Regulations of BAT and BAL as in force d Regulations to the extent that the same may be		
Executed as a Deed Poll.				
SIGNED, SEALED AND DELIVE	RED by:			
(Print Full Name)) Name:			
) Signature:			
) Date:			
In the presence of:				
(Drint Full Norma of Witness)) Name:			
(Print Full Name of Witness)) Name.			

Once completed, this Deed Poll must be handed or posted to the Secretary of Boxing Australia (Tasmania) Incorporated at 300 Liverpool Street, Hobart, 7000 within 7 days or emailed to <u>boxingtasmania@gmail.com</u>