



Happy Valley Football Club Inc. Senior Women Membership Form

2017

PLAYER

Surname: _____ Given Name(s): _____

Residential Address: _____ P/C: _____

Phone: (H) _____ Player's Mobile: _____

Email address: _____
(This is the Club's preferred method of correspondence. Please list an email address if available.)

Date of Birth: _____ Year Joined: _____

For purposes of running this club, the above information will be maintained on file. Your privacy will be respected. All Members are expected to abide by all the policies of the Happy Valley Football Club (available from the Secretary)

VOLUNTEER DETAILS The Happy Valley Football Club relies on volunteers to run the club. Please nominate a person who is willing to assist the club by volunteering their time (6hrs) during the season.

Relationship to Player: _____

First Name: _____ Surname: _____

Residential Address: _____ P/C: _____

Email: _____

Phone: (H) _____ Mobile: _____

Senior Women Player Fees are \$250.00 per season payable by 28th April 2017.

HVFC reserves the right to disallow match play unless arrangements have been made with the Treasurer

Payment Details: Date: / / Amount: \$ Receipt No: Cash / M/Card / Chq

Happy Valley Football Club Banking Details : BSB : 105-186 Account No. 021 556240