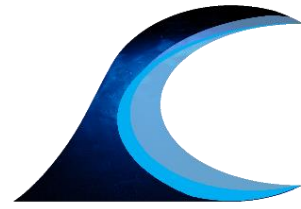


COASTRS STUDENT ASSOCIATION MEMBERSHIP FORM



DETAILS

Name: _____ Date: _____
First Last

Address: _____
Street Address

_____ *Suburb*

_____ *State*

_____ *Postcode*

Phone: _____ Study Method: Internal / External / Combo

E-mail: _____

Student ID: _____ Course: _____

CLUBS AND SOCIETIES

I wish to also become a member of the following student clubs and societies:

- | | | |
|-----------------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Chinese Student & Scholar | <input type="checkbox"/> Midwifery Society | <input type="checkbox"/> Smartinis Debate Club |
| <input type="checkbox"/> Film Club | <input type="checkbox"/> Music Club | <input type="checkbox"/> Ukulele Club |
| <input type="checkbox"/> Indigenous Awareness Group | <input type="checkbox"/> OT Alliance | <input type="checkbox"/> Hula Group |
| <input type="checkbox"/> International Students | <input type="checkbox"/> SCU Law Association | <input type="checkbox"/> Christian Group |
| <input type="checkbox"/> Start Your Own Club _____ | | |

DISCLAIMER AND SIGNATURE

I acknowledge that by signing this I agree to allow CoastRs to use my picture from any events I attend for the purpose of promoting CoastRs Inc & use of my mobile phone to send update text messages, marketing & promotional material.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Approved at Meeting: _____

Paid

Endorsed By: _____

Seconded By: _____