

## Individual or Associate Membership Application

### Personal Details

**Given Names** ..... **Surname** .....

**Address** .....

**Suburb** ..... **State** ..... **Post Code** .....

**Home Phone** ..... **Work Phone** .....

**Mobile Phone** ..... **Work Fax** .....

**Email** .....

**Date of Birth** ..... **Gender**     Male     Female

**Emergency Contact Name & Telephone** .....

### Vision Details

While VISACT does not require members who wish to play a sport to provide evidence of their vision impairment before joining, to play in some competitions members may need to arrange an eye test with the appropriate certification to be signed by the tester.

To give the VISACT sports administrators an indication of your sight please ensure that this section is completed. If you do not hold some form of international card you do not need to complete that section. You may be required to obtain one in due course.

**Vision Impairment**             Totally Blind             Partially sighted             Fully sighted

**International Card Classification**

B1: Totally blind, light perception only.  
 B2: Ability to recognise a hand to 2/60 visual acuity  
 B3: 2/60 – 6/60 visual acuity  
 B4: 6/60 – 6/24 visual acuity

VISACT offers three different types of membership. A brief description is detailed on the back of this form, or full definitions are available on our web site. Please contact VISACT if you have any questions.

Please note this application form is for individual or associate membership ONLY. If you are applying for corporate membership you can obtain a corporate membership form from our web site or by contacting VISACT—see the bottom of this page for our web site and contact details.

## Membership Types

<b>Individual</b>	Individual membership is open to anyone. Once you join VISACT, you are eligible to play any sport arranged by VISACT without joining another association. At times other charges may apply to enter events or to use facilities. This fee covers the cost of insurance and administration.
<b>Associate</b>	Associate membership is open to anyone, sighted or vision impaired who does not play sport but is interested in assisting VISACT with its goals and objectives.
<b>Corporate</b>	Corporate membership is open to any business or association located anywhere. VISACT will issue an invoice for your fee contribution so that you may claim it as a donation. VISACT is a registered charity.

## Membership Details

I wish to join as an INDIVIDUAL member  \$25.00

I wish to join as an ASSOCIATE member  \$10.00

I will be paying by:  electronic funds transfer (EFT) and emailing or faxing this form  
 cheque attached to this form, mailed to VISACT

## Paying Your Membership Fees

VISACT prefers to receive all payments by electronic funds transfer (EFT). If you pay by EFT please ensure the comment that appears on our bank statement includes your **surname**. Our bank account details are:

<b>Bank:</b>	Westpac	<b>Branch:</b>	Alinga Street ACT
<b>BSB:</b>	032-719	<b>Account Number:</b>	273399
<b>Account Name:</b>	Vision Impaired Sport ACT		

### Which sports are you interested in?

- Athletics
- Cricket
- Goalball
- Golf
- Lawn bowls
- Sailing
- Swimming
- Swish
- Tennis
- Tenpin bowling
- Other: (specify below)

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### How are you able to help VISACT?

- Canteen assistance
- Catering
- Coaching
- Driving
- Fund raising
- Scoring
- Social
- Umpiring
- Volunteering
- Other: (specify below)

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Signature

Date