

Application for Membership of the Melbourne Push Hands Club

I, _____
name

of _____

_____ *address*

_____ *phone (home / mobile)*

_____ *email*

_____ *date of birth*

_____ *occupation*

wish to become a member of the Melbourne Push Hands Club.

I have seen the Rules of the Melbourne Push Hands Club, and in the event of my admission as a member, I agree to be bound by the Rules and the Code of Conduct.

Signature _____

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Annual subscription: _____

Date: _____