



KEDRON-NUNDAH FENCING CLUB INC.

MEMBERSHIP APPLICATION FORM FOR FAMILIES

	Surname	Given	Birthdate	Sex	Left/Right Handed ? (L/R)	Has own Gear? (Y/N)
1						
2						
3						
4						
5						

Address for Mail:

Parent/Guardian #1

Name:

Email:

Mobile Phone Number:

Parent/Guardian #2

Name:

Email:

Mobile Phone Number:

Alternative person who might help pick ups/drop offs etc .

Name:

Mobile Phone Number: