



# BADMINTON OTAGO

101 Victoria Road, St Kilda, Dunedin.  
PO BOX 1462, Dunedin.  
Ph (03) 4555 603, Fax (03) 4555 613  
Email: dev-officer@badmintonotago.org.nz  
www.badmintonotago.org.nz

## SWIPE CARD APPLICATION and CLUB MEMBER FORM 2012

This form must be completed by a parent / guardian if applicant is less than 18 years of age.

### Your contact details

Name:			DOB:
Address:			
Occupation:		Employer:	
Phone:		Work:	Mobile:
Email:			
Club member of:		Password for online bookings (4 numbers)	
Child's Name:			DOB:

- I am a returning member and already have a swipe card. The number is **406**\_\_\_\_\_ .  
 I am applying for a new swipe card.

### For our records

Email is the OBA's preferred communication method. Is it yours, too?

- Yes (And I agree to receive newsletters from my club and the OBA. I can unsubscribe from either at any time.)  
 No, instead my preferred method is:

I use Facebook.  Yes  No

I play in grade  A  B  C  D  Don't know

I am interested in (tick all that apply):

- Juniors  Masters  Senior Rep  
 Club play  Interclub  Coaching  
 Training groups  Learning coaching skills  Social events

I am happy to help out with running club nights (roster duty)  Yes  No

How did you hear about the OBA or the club you're joining?

- Through a friend  Ad in newspaper  Saw a poster  
 Radio  Returning member  Other:

### Declaration:

- All details provided are true and correct.
- I am 18 or over years old or I am the above child's legal parent or guardian.
- I understand that this card is not transferable and I will not let anyone use it while I am not present.
- The appropriate use of my card and the facilities are my responsibility. I will be liable for any damages caused by myself or others accessing the building with me. Any damages will be reported immediately.

*Please turn over*

5. I will abide by the rules of Badminton Otago.
6. If my card is lost or stolen, I will inform Badminton Otago immediately.
7. I understand that a fee of \$20.00 will be charged for a replacement card.
8. If I am the last person to exit the facility, I will ensure that lights are out/ doors shut where appropriate.
9. I agree to an annual administration cost of: club members \$10, non-club members \$20. This will be debited to my account on the 31st of September each year. *This fee has been waived for club members joining or renewing in 2012.*
10. I understand that money credited to this card is non-refundable and non-transferable.
11. I understand if I do not use my card for a period of 2 years, it will be deactivated and if I wish to reactivate it I will have to pay any outstanding money owing. I may also have to pay a reactivation fee.
12. I agree NOT to play on an unlit court at any time.
13. I understand that if any of the above conditions are breached my card may be deactivated and I may lose any unused credit.

**Privacy:** I consent to the collection of the above information by Badminton Otago. I understand that I have the right to access and request correction of the information that I have provided. I understand that the above information may be passed on to Badminton Otago sponsors and Badminton NZ unless indicated in the box below.

I do not wish to have my information provided to third parties. [ ]

Signed:

Date: / /

Office Use	Card No:	Date Loaded:
	Identification:	Affiliation Confirmed      Yes / No
	Payment Type & Amount	Receipt No: