

Brisbane Gauls Underwater Rugby Inc.

Ordinary Membership Form

My personal details are as follows:

Full Name:	
Residential Address:	
Postal Address:	
Mobile phone number:	
Email address:	
AUF membership number (if any):	

By signing this form, I acknowledge that:

- I agree to become an Ordinary Member of the Brisbane Gauls Underwater Rugby Inc. (the **Association**), and to be bound by the Rules of the Association;
- the Australian Underwater Federation Incorporated, including the Association, has current public liability insurance in the amount of \$20,000,000 (any one occurrence) that is issued by Sportscover Australia Pty Ltd;
- I undertake to pay the membership fee of \$20.00 and understand that I will not be a financial member of the Association until the membership fee has been paid.

Signed: _____

Dated: _____