



# MUS CLUB MEMBERSHIP FORM 2010

**Club Name:** MUPolo

## MEMBER DETAILS

Name:  Mr  Mrs  Miss  Ms  Dr  Prof.

**Given name:**  **Family name:**

**Postal Address**   
**Suburb**  **Postcode:**

**Phone mobile:**  **Home:**  **Business:**

**DOB:**  **Email:**

*MUS is committed to observing the requirements of the Information Privacy Act. We collect your information for the purpose of providing your access to our sporting facilities and services, and it is also retained for the development of a Sports Alumni at the University of Melbourne. By completing this form you consent to MUS using your information for these purposes. If, in the future you decline to be involved in the MUS sports alumni, you can so advise MUS. You can also contact MUS for a copy of the MUS Privacy Policy, or obtain a copy from [www.sports.unimelb.edu.au](http://www.sports.unimelb.edu.au)*

## ELIGIBILITY

Please tick one of the eligibility criteria and fill in ALL relevant details:

<input type="checkbox"/>	<b>University of Melbourne Student</b>	<b>Student No.</b>	<input type="text"/>
		<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate
<input type="checkbox"/>	<b>University of Melbourne Staff / Contractor</b>	<b>Staff / Contractor No.</b>	<input type="text"/>
<input type="checkbox"/>	<b>University of Melbourne Alumni</b>	<b>Student No.</b>	<input type="text"/>
		<b>&amp; / or Course:</b>	<input type="text"/>
<input type="checkbox"/>	<b>Student / Graduate or another University</b>		
<input type="checkbox"/>	<b>Other</b>		

## ELIGIBILITY

**Membership Type**

**Club Membership Fee:**

*I agree to abide by the rules and regulations pertaining at all times to the use of the University Sports facilities, services and equipment*

**Signed:**

**Date:**

**Signed Parent / Guardian (where applicable)**

**Date:**

## MUS OFFICE USE ONLY

**Card No.**

**Processed by:**

**Date:**