MEMBERSHIP FORM

<u>Please Note:</u>
All competitors must be current and valid CAPO members
Memberships are valid for 12 months from date of receipt of monies



It is a requirement that all members read the WPC Rule Book. It can be downloaded from the CAPO Website www.capopowerlifting.com.au

Please PRINT clearly	y and co	mplete all details below:				
NAME						
ADDRESS SUBURB STATE POSTCODE						
DOB		GENDER: F / M				
PHONE		MOBILE				
EMAIL						
Athlete's Signature: Parent/Guardian's signature (if under 18):	Dated Dated					
10).						
Member		☐ Valid for 12 months from	m /	1	\$85.00 AUD	
Teen Member (up to 19yrs)		☐ Valid for 12 months from	m /	1	\$50.00 AUD	
65 years and over		☐ Valid for 12 months from	m /	1	\$50.00 AUD	
CAPO MEMBERSHIP PAYMENTS TO:						
Account Name: Bank Details: Bank:	CAPO POWERLIFTING AUSTRALIA BSB: 016 270 ACC: 660133722 New Account Number since Dec'24 ANZ					
If paying via EFT ple	ase ema	il this form (completed) and	d a <u>copy o</u>	f the remi	ittance advice to:	
CAPO.memberships@gmail.com						
OFFICE USE ONLY - please tick where applicable - enter dates as completed O Membership entered on member list						