Joining the Perisher Ski Patrol - Membership Application Form

The following application is to be completed by all applicants for membership and returned by mail **prior to** undertaking a Skiing or Boarding Clinic and Assessment. **Please print when completing the form.**

Name: .....

Address: .....

Suburb: .....

Postcode: ..... Date of Birth: .....

Telephone: (Bus): ..... (Home): .....

(Fax): ..... (Mobile): .....

Email address: .....

Occupation: ..... Years skiing: .....

Circle Preference:

Downhill Cross-Country Snowboard Telemark Junior

Reason for applying:

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Please list any conditions which may affect your ability to patrol:

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First Aid Certificate Type: (enclose a copy of your certificate): .....

First Aid Certificate Expiry Date: .....

Nominating Patroller If applicable): .....

Where did you hear about the Patrol: .....

....

Signature of Applicant Date

Send the application to: The Secretary, Perisher Ski Patrol, P.O. Box 4702, Sydney NSW 2001

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