



TOP END DRUM RUNNERS INC.

Membership Form

Date: _____

NOTES:

- **Day members CANNOT** accumulate points
- Membership runs from January to December

Senior Member \$23

Junior Member \$16

Social Member \$15

Name: _____

D.O.B _____

Postal Address: _____

Phone Number: _____

Email: _____

I _____ of _____

agree to abide by the Constitution and the Rules and Regulations in which the Top End Drum Runners Inc adhere to. I declare that I have read, understood and agree to the terms and conditions of the waiver liability.

I agree to accept any costs associated with medical and ambulance fees in the event that I am injured during the course of events and it is determined by the committee that medical attention is required.

Signature: _____ Date: _____

Office Use Only

Amount Paid: \$

Date Paid:

Committee Member Name: _____

Committee Member Signature: _____



TOP END DRUM RUNNERS INC.

Receipt

Date: _____ **Name:** _____

Amount Received: \$ _____

Approved By: _____

Signature: _____

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