

# THE — BACK UP — Membership Form

First Name \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name / Pronouns: \_\_\_\_\_

Occupation: \_\_\_\_\_

AHPRA #: \_\_\_\_\_

Employer: \_\_\_\_\_

Tel (Mobile): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Secondary Contact (in case of emergency):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Workplace phone#: \_\_\_\_\_

Additional physical, environmental or cultural needs (optional):

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Preferred commencement month of membership: \_\_\_\_\_

Media & Marketing Release:

☐ I consent to receive marketing materials via text or email

☐ I consent to have my photo taken or be present in video created during attendance to The Back Up venues

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By submitting this form I:

- ☐ Am consenting to the terms of the privacy policy listed within thebackup.com.au website.
- ☐ confirm I have read and agreed to the membership terms and conditions listed within thebackup.com.au website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward completed documents to      team@thebackup.com.au