

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

THE BACK UP

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