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| --- |
| **REGISTRATION FORM** |
| Full Name:  |
| Date of birth:  |
| Are you Aboriginal or Torres Strait Islander? Yes No |
| **CONTACT DETAILS** |
| Mobile:  |
| Email: |
| Address: |
| Suburb: State: Postcode: |
| **QUALIFICATIONS** |
| MTA/RIW:  | Other: |
| White card:  |  |
| **EMERGENCY CONTACT DETAILS** |
| Contact name:  | Relationship: |  |
| Phone:  |
| **TAX** |
| Tax File Number:  |
| **SUPERANNUATION** |
| Fund name:  | Unique superannuation identifier (USI) |  |
| Member number:  |
| **BANKING DETAILS** |
| BSB: Account Number:  |
| Account name:  |