



# Membership Form

Please complete this form and give it to your teacher.

## YABA MEMBER

<p><b>NAME</b> .....</p> <p>First Name .....</p> <p>Last Name .....</p>	<p><b>ADDRESS</b> .....</p> <p>Street Address .....</p> <p>Suburb .....</p> <p>State ..... Postcode .....</p>
<p><b>PHONE</b> .....</p> <p>Phone Number .....</p>	
<p><b>EMAIL</b> .....</p> <p>Valid Email Address .....</p>	
<p><b>DATE</b> .....</p> <p>dd/mm/yyyy .....</p>	<p><b>SCHOOL</b> .....</p> <p>School Name .....</p>
<p><b>AGE</b> .....</p> <p>Of Yaba Member on the above date .....</p>	<p><b>GRADE</b> .....</p> <p>At school at the above date .....</p>

## PARENT OR GUARDIAN (if you are under 18 years old)

<p><b>NAME</b> .....</p> <p>First Name .....</p> <p>Last Name .....</p>	<p><b>ADDRESS</b> .....</p> <p>Street Address .....</p> <p>Suburb .....</p> <p>State ..... Postcode .....</p>
<p><b>PHONE</b> .....</p> <p>Phone Number .....</p>	
<p><b>EMAIL</b> .....</p> <p>Valid Email Address .....</p>	

I apply to become a Yaba Member and agree to the following terms (and if I am under 18 years of age, my parent or guardian apply for me to become a Yaba Member and agree to the following terms on my behalf):

1. I have read and understood the Terms of Use and Privacy Policy of the Site. Terms used in this Form have the same meaning as in the Terms of Use and Privacy Policy.
2. My participation in, and contribution to, the Site is voluntary and I am not entitled to any payment or compensation for it.
3. Neither I nor anyone on my behalf will make any claim against CEFA in respect of CEFA's use of any User Material submitted by me or my performance in or contribution to any User Material submitted by me or another Yaba Member.
4. This agreement is governed by the laws of New South Wales.

## AGREED AND ACCEPTED

### SIGNED BY YABA MEMBER

.....  
Signature

**SIGNED BY PARENT OR GUARDIAN** who confirms that he/she is the parent or guardian of the Yaba Member named above and is authorised to sign this form on their behalf.

.....  
Signature  
.....  
Print Name

**Parent / or / Guardian**  
(cross out whichever is not applicable)

**NOTE TO TEACHER** Please send the completed form to CEFA as follows:

Fax completed form to:  
02 9251 8677

Scan and email completed form to:  
info@yaba.edu.au

Post completed form to:  
CEFA, GPO Box 64 Sydney NSW 2001