

Ski Jumping Institute of Australia



President:
Anthony (Tony) Mihelcic
Fax: +61 3 9749 5728
Mobile: 0408 560 274
Email: tonymihelcic@iprimus.com.au

Date:

Application Form for Membership

Given Name:	Surname:
Address:	Date of birth: Age:
Suburb:	Postcode
Phone (AH)	Phone (BH)
Mobile:	Email:

Please describe below your interest in Ski Jumping:

Have you ever skied? If yes, please indicate your skill level below:

Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
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Please indicate your interest below:

- participating/competing in the sport
- organising sporting events
- investing in sporting facilities
- general management and administration

Other [please state]:

Signature: _____

Head Office: 38 Priestley Avenue, Hoppers Crossing 3029, Victoria, Australia.

Reg. No. B1688484M

Website: <http://home.iprimus.com.au/tonymihelcic>