HMB Health Pty Ltd t/as ANB Victoria | Health Muscle Body ABN: 81 126 318 867

ANB VICTORIA

Membership Application Form

Name:		Phone:
Date of Birth:	Age:	Current Member ☐ Yes ☐ No *If yes with whom if not with Victoria.*
Current Address:		
Town:	State:	Post Code:
Email address:		Contact Phone:

Competition and Division Entering

Name of Competition Entering ☐ Natural Mania Championships ☐ ANB Victoria Championships

Division Entering:	Novice Only: 2nd Division choice

Emergency Contact

Name of a relative not residing with you:			
Address:			
Town:	State:	Post Code:	Phone:
Relationship:			

Gym Details

Name:		
Current Address:		
Town:	State:	Post Code:

I am fully aware that the ANB organisation has entered in to a drug testing agreement with ASADA and I am prepared to provide a urine sample for the purposes of analysis for the detection of banned substances at any time when requested. I will be present for the entire show to undertake any such testing required and I am aware that failure to show up or provide a sample will disqualify me from the competition and any monies paid will not be refunded or reimbursed.
I fully understand that a condition of entering this contest was that I have not taken any banned substance prior to this competition and should I produce a positive test to a prohibited drug, I will be liable to reimburse the costs of the testing, will renounce any title, placing, prizes and trophies awarded and also accept the sanctions imposed by the ANB and or ASADA.
I consent to the use of any photographs, video recording or other images taken or recorded at this event by the ANB or its promoters, in any magazine, broadcast transmission or any other printed or electronic media for the purposes of promoting this or future events, the ANB or nominees or their promoters.
I understand that membership payment or any pre-purchased tickets is not refundable or cannot be transferred.
I understand I will not hold ANB Victoria responsible for any injuries/illness that may occur on the day of their chosen competition.
I am aware any cash prizes or vouchers must be redeemed as per instructions and will not be redeemable for cash and will be forfeited if I choose to not compete in the ANB Nationals or ANB Asia Pacific of the current year of competing unless stated otherwise on the day of competition.
Competitors that have been asked and have participated in a drug test may only be re-imbursed or given prizes upon the test coming back negative. This process may take atleast 6 month after the drug testing for drug testing to be confirmed.

I (write name) .....Signature of Applicant:.....	Date:

HMB Health Pty Ltd T/A ANB Victoria Phone 03 9878 6232 Fax 03 9878 7565 Email & Paypal payments maria@hmbhealth.com
PO Box 346 Nunawading Victoria 3131
Website www.anbvictoria.com.au
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Payment Form

ANB Australasian Natural Bodybuilding

	Membership	Jan – Dec (Must be a member to compete)	150.00	
	ANB Entry	Entry Fee Required To Compete	50.00	
	Shows DVD	Shows DVD includes whole show	49.95	
	Photos	Front Stage Photos on disc of your first division www.paulfrance.com.au to view past photos	80.00	
	Tickets	Pre Purchased Reserved Seating	40.00	
	Tickets	Promotional Book of 10 Tickets - General Admission	350.00	
	Tickets	VIP Reserved Table Seats 10	400.00	
	ANB Singlet	Men's Tback Singlet Size S / M / L / XL / XXL	30.00	
	ANB Singlet	Ladies Sports Singlet Size 8 / 10 / 12 / 14 / 16	30.00	
	Contest Colour	Base Coat Colour 502ml	55.00	
	Dream Tan	Top Coat #2	49.95	
	Body Shimmer	Top Coat	49.95	
	Bikini Bite	Holds posing costumes in place to skin	25.00	
	Mens Posing Trunks	Black (Please state waist size)	65.00	
		Postage and Handling fee	9.95	
			Total Inc GST	

PAYMENT OPTIONS

1. Payment accepted via Credit Card, Including AMEX, Visa or Mastercard, Direct Deposit, Paypal, Money Order, Cheque to below address.
2. Westpac Bank Direct Deposit - BSB 033 135 | Account - 353824
3. Send forms/cheques/payments to the below address.
4. By filling out debit or credit card details below you are allowing HMB Health PTY LTD Trading as Health Muscle Body & ANB Victoria to process your payment.
5. Please note: Membership and ticket purchase is non transferrable or refundable.

Name on card:

Card Number:

Expiry Date: **Verification number on back of card:**

Signature of cardholder:

Phone 03 9878 6232 Fax 03 9878 7565 Email & Paypal payments maria@hmbhealth.com
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