

# R-AGEING RABBITS



# SPA

SOUTHS PLAYERS ASSOCIATION

## MEMBERSHIP FORM

### NEW MEMBER

#### Personal Details

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_ (f) \_\_\_\_\_

Email address: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

#### MEMBERS MUST COMPLETE THIS SECTION

- I wish to become a member of South Players Association, also known as R-Ageing Rabbits and request that you enter my name in the Register of Members.
- I agree to abide by the Rules and Regulations of the Association and will adhere to the By-Laws and Code of Conduct.
- Acceptance of membership constitutes acceptance of the Association's Privacy Policy (written copy of the Privacy Policy is available at Member's request.)

APPLICANT'S SIGNATURE: \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_ M'SHIP NO: \_\_\_\_\_ DATE: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_ M'SHIP NO: \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYMENT BY:**  CHEQUE:  MONEY ORDER:  CREDIT CARD:  VISA  MASTERCARD  BANKCARD

(Money Orders and cheques should be stapled to this form)

Cardholder's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Card No:

Expiry Date:     Cardholders Signature: \_\_\_\_\_

BY MAIL - Money Order, Credit Card, Cheque made payable to: SOUTHS PLAYERS ASSOCIATION, PO BOX 110 KINGSFORD, NSW 2032

BY PHONE: (02) 9319 4156 or 9667 0997 BY FAX: Credit Card Only (02) 9699 1830

ONLINE - Application form is available to download from [www.southsleagues.com/r-ageingrabbits.php](http://www.southsleagues.com/r-ageingrabbits.php)