

BADSA MEMBER APPLICATION FORM

APPLICANT DETAILS (please complete all sections)								
SURNAME			FIRST NA	ME				
ADDRESS			1					
SUBURB			STATE			POST CODE		
PHONE	Ноте:		Mobile:			1		
EMAIL								
D.O.B						MALE / FEMALE (please circle)		
I hereby apply for membership of the Bunbury and Districts Softball Association Inc. I wish for this email address to be used as my address in the Association's Members Register. I understand that my rights and privileges do not commence until my membership application is approved and paid for in full. I will abide by all Rules, Codes of Conduct and Regulations of the Bunbury and Districts Softball Association.								
Date	Signature of Applicant							
Proposer Name		(Please print)	Signature		nature			
Seconder Na	me	(Please print)			nature			
Office Use On	ly:							
Date Paid:		Payment Method: Rev	/Sports / Ba	ır	Rec	eived by:		
Membership Type: Ordinary / Junior / Social					Card Issued: Yes / No			