



Dianne Elliott, Secretary – 0415 752 555  
[secretary@nswmsa.com](mailto:secretary@nswmsa.com)

**Membership Application**  
PLEASE PRINT INFORMATION CLEARLY

**Name:** ..... **Membership Number:** .....

**Address:** .....

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**Postcode:** .....

**E-mail:** .....

**Date of Birth:** ..... **Occupation:** .....

**Home Phone:** ..... **Work Phone:** .....

**Mobile:** .....

**Home Club:** ..... **Grade / Division:** .....

**Membership Fee (Please circle number of years and applicable payment)**

1 Year - \$25.00	3 Years - \$75.00	4 Year - \$100.00
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***Note: You will get one (1) year free if you pay for four (4) years with this application***

Cash	Cheque	Direct Deposit <b>BSB:</b> 062 815 <b>Account:</b> 2802 3693
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Credit Card - (Mastercard / Visa ONLY)
<b>Card Number:</b> _____
<b>Expiry Date:</b> _____
<b>CCV:</b> _____
<b>Name of Card Holder:</b> _____

I agree to abide by the Constitution, By Laws and Rules of the NSW Masters Squash Association Inc., information on [www.nswmsa.com](http://www.nswmsa.com)).

I give my permission for the NSW Masters Squash Association Inc to provide my name and address details to approved Tournament Hosts for the purpose of mailing out entry forms.

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Applicant's Signature

.....  
Date