

Membership Application

Name: _____ Membership Number: _____
Address: _____

Postcode: _____
E-mail: _____
Date of Birth: _____ Occupation: _____
Home Phone: _____ Work Phone: _____
Mobile: _____
Home Club: _____ Grade / Division: _____
Masters Rating: _____ Sporty HQ Rating: _____

Membership Fee (please type an "X" in Membership and Payment types)

1 Year - \$25.00

Cash Cheque Direct Deposit **BSB: 062 815 A/c no: 2802 3693**

Credit Card Details (Mastercard / Visa ONLY)

Card Number: _____

Expiry Date: _____ **CCV:** _____

Name of Card Holder: _____

I agree to abide by the Constitution, By Laws and Rules of the NSW Masters Squash Association Inc. (information on 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.

I agree to the above conditions (type "Y") Date _____

To Return this Form

Save this file to your laptop (click *File* and then *Save as...*)
Email it as an attachment to secretary@nswmsa.com

Secretary NSWMSA

Dianne Elliott
Convener Tournament Sub Committee
NSW Masters Squash Association

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Mob 0415 752 555

secretary@nswmsa.com