



MEMBERSHIP APPLICATION FORM

Note: This form is to be completed in ink and print clearly

CLUB NAME

YEAR

GRADE REQUESTED

Section 1 For change of address complete this section only

SURNAME

MyClub No.

GIVEN NAME

RESIDENTIAL ADDRESS

DOB

PHONE (H)

PHONE (OTHER)

Section 2 Complete this section for new registration or change of Club

MEMBERSHIP APPLICANT TO BE REGISTERED AS:
(indicate choice of membership by marking box)

- PLAYER**
- COMMITTEE**
- UMPIRE**
- COACH**
- ORDINARY**
- SCORER**
- PLAYER COACH**
- BAT PERSON**
- LIFE MEMBER**
- STUDENT (Over 18 years)**
- JUNIOR U/18 (as at 31st / December)**

Section 3 Complete as per Section 2

PREVIOUS EXPERIENCE (if none write NIL experience for past 3 years)

WINTER

YEAR	CLUB	GRADE	ASSOCIATION

SUMMER

YEAR	CLUB	GRADE	ASSOCIATION

LIMITATION OF LIABILITY (pursuant to the Association's Constitutional Rule No.10 dated 10/11/97 which in brief states) :

"Every member agrees that on becoming a member of this Association, their rights to seek compensation against any officer, agent, employee, umpire, ground caretaker safety, or duty officers of the Association or its affiliated clubs, competition organisers and any person who is also acting in a supervisory role or administrative capacity in the control of the associations' baseball activities is limited."

NOTE: Registrations are considered NULL & VOID if the form received by St.G.B.A. is incomplete or if the information supplied is misleading or incorrect.

APPLICANT'S SIGNATURE

CLUB SECRETARY SIGNATURE & DATE

PARENT OR GUARDIAN

DATE:

(if applicant is under 18 years)

RECEIVED BY ASSN: