

N.S.W. Masters Squash Association Inc
 Phone (043) 255723 (ah)
 2008 Membership Application



PLEASE PRINT INFORMATION CLEARLY

Membership Number:

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
Postcode: _____ **Facsimile:** _____
Home Club: _____ **Mobile:** _____
Grade / Division: _____ **Occupation:** _____
Date of Birth: _____ **E-mail:** _____

**Membership Fee \$ 20 per year (Please tick number of years
 and applicable payment method)**

1 Year 3 Years 5 Years

Cash Cheque Money Order Credit Card
 Mastercard Visacard

Expires: _____

Card No:

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

 Applicant's Signature

 Date

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.

Yes

No

Sydney Northern Districts Players Send forms and fees to:-	All other players Send form and fees to:
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Sue Robson, Recorder Unit 2 / 4 Darley Street MONA VALE NSW 2103	Don Barnes, Treasurer NSW Masters Squash Association Inc 10 Bristol Parade FARMBOROUGH HEIGHTS NSW 2526
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