

SOUTHSIDE MASTERS

www.southsidemasters.org



Application for Membership

October 1 to September 30

First Name*

Last Name*

Gender* [] Male or [] Female

Membership* [] Full (\$10) or [] 18 years or under on Oct 1 (\$5)

[] New member or [] Past or current member

[] Update of details only (Free !)

Date of Birth _____ / _____ / _____ dd/mm/yyyy
Or

Age in Years on Oct 1 _____
(optional)

How to Contact You* (at least one of the options below)

Phone email

Residential Street
Suburb..... Post code.....

Postal Street
only if different Suburb..... Post code.....

Who to contact in case of Emergency (optional)

Contact this name

Phone email

Put other information you think the Club should know here (optional)

Office Use Only

Date paid	/ /	Amount paid		Payment taken by	
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Copy the details to below
Tear off and give to applicant

Receipt for Southside Masters Membership Application

Date paid	/ /	Amount paid		Payment taken by	
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Subscribe to the weekly results email at the website www.southsidemasters.org by clicking on the link