

2019 GSTTA MEMBERSHIP REGISTRATION FORM

Membership valid to 31/12/2019

FEE \$5.00
Payment is required prior to participation in competition matches

Name: _____ Date of Birth: _____

Residential Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Please check the boxes below:

Do you have ambulance cover? Yes No

I am interested in playing in the Country Carnival Yes No

I am interested in representing the GSTTA in Inter-association matches Yes No

I agree to abide by the constitution of the GSTTA Inc.

I agree to abide by the playing rules of the GSTTA Inc.

I agree to abide by the Member Protection Policy of the GSTTA Inc

Signature _____ Date _____

Date Receipt Issued.....Receipt Number.....

2019 AUTUMN COMPETITION

I intend playing in the 2019 Autumn Competition Yes No

I will play FULL TIME FILL IN (reserve)

2019 WINTER PENNANT COMPETITION

I intend playing in the 2019 Winter Pennant Competition Yes No

I will play FULL TIME FILL IN (reserve)