

## 2020 GSTTA MEMBERSHIP REGISTRATION FORM

**FEE \$5.00**

Payment is required prior to participation  
in competition matches

Membership valid to 31/12/2020

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 \_\_\_\_\_

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### 2020 AUTUMN COMPETITION

I intend playing in the 2020 Autumn Competition Yes ☐ No ☐

I will play FULL TIME ☐ FILL IN (reserve) ☐

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### 2020 WINTER PENNANT COMPETITION

I intend playing in the 2020 Winter Pennant Competition Yes ☐ No ☐

I will play FULL TIME ☐ FILL IN (reserve) ☐

Date Receipt Issued

Receipt Number