

## **2020 POST COVID SPECIAL**MEMBERSHIP APPLICATION FORM

SURNAME	FIRST NAME		
ADDRESS			
SUBURB	POST CODE		
CONTACT PHONE NUMBER: MOBILE		OTHER	
EMAIL ADDRESS	DATE OF BIR	DATE OF BIRTH SEX:	
Membership Type	Fee Amount		
Social Membership (Single)	\$25		
2010 MEMBERCHIR CARR NO			
2019 MEMBERSHIP CARD NO			
I hereby apply for Membership of the <b>SECRET</b> I understand that my rights and privileges do approved by a SHDSA Staff.			ON.
I will abide by all the Rules & Regulations, Post SPORTING ASSOCIATION that are displayed https://www.shdsportingassociation.com/			
Date / / Sign	ature		
*Please note all information provided will be tre	eated as private and confi	dential and will only be	

New 2020 Association Social Member \$25 Voucher

To Amount \$25

Membership Number Pavilion Signature Expires 31 December 2020

used by the SHDSA for official purposes.