



# West Australian Suburban Turf Cricket Association (Inc.)

P.O.BOX F334, PERTH 6001, WESTERN AUSTRALIA  
TELEPHONE: 9325 6397 FAX: 9325 6397

## MEMBER'S REGISTRATION, QUESTIONNAIRE, AND PERMIT TO PLAY FORM

### APPLICATION FOR REGISTRATION

CLUB ..... DATE ...../...../.....

MEMBER'S CATEGORY: **PLAYING**

A  NEW

B  OVERSEAS VISA TYPE .....

TICK ALL APPLICABLE CATEGORIES

EXPIRY DATE ...../...../.....

**CLUB CODE, MEMBER'S NUMBER AND CATEGORY**

CLUB CODE	MEMBER'S NUMBER	CATEGORY

MEMBER'S NAME .....  
(SURNAME) Please Print Clearly (GIVEN NAMES)

ADDRESS .....

.....POST CODE .....

TELEPHONE No. (HOME) .....(WORK).....

DATE OF BIRTH .....

.....

I have not omitted any details and all particulars provided by me are true and correct.  
Please note that penalties apply for omitting or providing false or misleading information on

### QUESTIONNAIRE

<b>WITH THIS CLUB:</b>	<b>WITH PREVIOUS CLUB(S):</b>
Year first registered .....	Club / Assoc. No.Ssns
Number of seasons played .....	.....
Number of games played .....	.....
Season last played .....	.....

Have you played for another Club or Association in the Past 5 Years?  
 YES  NO

**OPPOSING CAPTAIN'S SIGNATURE** .....

**OPPOSING CLUB** .....

