



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:

TICK ALL APPLICABLE CATEGORIES

PLAYING

A NEW

B OVERSEAS VISA TYPE

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

WITH THIS CLUB:

Year first registered
Number of seasons played
Number of games played
Season last played

WITH PREVIOUS CLUB(S):

Club / Assoc. No.Ssns
.....
.....

Have you played for another Club or Association in the Past 5 Years?

YES NO

OPPOSING CAPTAIN'S SIGNATURE

OPPOSING CLUB





Member Update Sheet

	New Information					
Name (include middle)						
Partners Name						
Children Names						
Address						
Suburb						
Post Code						
Occupation						
Employer						
Interested in letting Members know what you do and what service you can provide?	YES	NO				
Home Phone						
Work Phone						
Mobile Phone						
Email Address						
Date of Birth						
Playing Shirt Size	S	M	L	XL	XXL	XXXL
Preferred Sleeve Length	Short	$\frac{3}{4}$		Long		
Hat Size	Medium	Large	XL	XXL		

Any Idea's you have to improve your club....

1. _____
2. _____

Please fill this out and return it to us by :

Hand it in at Pre-Season Training or email to: ideas@oceanridgecc.com
 post to : P.O. Box 300, Joondalup, 6919
 fax to 1300790954