



Playing members must be 35 years or over
Membership renewal is due on the 1st of January 2019

BVASA Membership Application 2019

Please print clearly

Name _____ Male/Female _____ Date of application: ____/____/____

Metropolitan member \$20 Country member \$15

Associate member \$25 (does not include SABA membership)

If you are playing SABA competition, please indicate which club you wish to be assigned to _____

Email: _____

Details same as before If not, please fill in changes below

Date of Birth: ____/____/____

Address _____ Suburb _____ Post code _____

Phone: Home _____ Mobile _____ Work _____

Emergency Contact: Name _____ Phone. _____

\$_____ Membership Fee Enclosed Checked and Received by _____

BVASA copy

Tear here

Membership Receipt to be given to member



Received from _____ the sum of \$_____ being for
membership of BVASA for the year **2019**

Metropolitan member \$20 Country member \$15

Associate member \$25 (does not include SABA membership)

Signed _____ Name _____ Date ____/____/____
(for Treasurer)