

# ACT SUNDAY SOCIAL CRICKET ASSOCIATION

## 2023-24 NEW TEAM NOMINATION FORM

TEAM NAME \_\_\_\_\_

*Teams must supply details of two team contacts*

TEAM CONTACT 1 \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TEAM CONTACT 2 \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOW DID YOU LEARN ABOUT THE COMPETITION?

website / online advert/ word-of-mouth / other (please describe)

PREVIOUS CRICKET EXPERIENCE (for grading purposes) \_\_\_\_\_

HOME GROUND PREFERENCE –

NORTH/ SOUTH/ CENTRAL/ NO PREFERENCE (indicate one only)

Nomination form and entry fee of **\$800** must be received by 1 September 2023

Forms and payment can be submitted

- in person at the Annual General Meeting [7.00pm Fri 1 September 2023 – Belconnen Labor Club at 51 Chandler Street, Belconnen] or
- by post to ACTSSCA, 303/35 Furzer Street, Phillip, ACT, 2606

If paying by direct debit a **copy of the successful funds transfer receipt** **MUST** be forwarded by email with the nomination form

Cheques or money orders payable to:  ACTSSCA	Direct debit:  Account Name: ACT Sunday Social Cricket Association Inc BSB: 082902 Account No: 489743706
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For queries contact:

Angus Algie, President ACTSSCA

actsocialcricket@yahoo.com

0404 142 144

**www.actsocialcricket.com**

**APPLICATION FOR MEMBERSHIP OF THE ACT SUNDAY SOCIAL CRICKET ASSOCIATION**

*(applicants to **complete sections 1-6** and submit the form for endorsement)*

**(1)** ACT SUNDAY SOCIAL CRICKET ASSOCIATION Incorporated (incorporated under the *Associations Incorporation Act 1991*), I,

**(2)** \_\_\_\_\_ ,  
*(full name of applicant)*

of

**(3)** \_\_\_\_\_ ,  
*(address)*

**(4)** \_\_\_\_\_ ,  
*(occupation)*

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

**(5)** \_\_\_\_\_  
*(signature of applicant)*

**(6)** \_\_\_\_\_  
*(date)*

I, \_\_\_\_\_  
*(full name)*

a member of the association, nominate the applicant, who is personally known to me, for the membership of the association.

\_\_\_\_\_  
*(Signature of proposer)*

\_\_\_\_\_  
*(date)*

I, \_\_\_\_\_  
*(full name)*

a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

\_\_\_\_\_  
*(Signature of proposer)*

\_\_\_\_\_  
*(date)*