ACT SUNDAY SOCIAL CRICKET ASSOCIATION 2024-25 NEW TEAM NOMINATION FORM

TEAM NAME						
Teams must supply details of two team of	contacts					
TEAM CONTACT 1						
PHONE NUMBER(S)						
EMAIL ADDRESS						
TEAM CONTACT 2						
PHONE NUMBER(S)						
EMAIL ADDRESS						
HOW DID YOU LEARN ABOUT THI website / online advert/ word-of-mouth	E COMPETITION?					
PREVIOUS CRICKET EXPERIENCE						
HOME GROUND PREFERENCE – NORTH/ SOUTH/ CENTRAL/ NO PR						
Nomination form and entry fee of \$900	must be received by 6 September 2024					
 Belconnen Labor Club at 51 Char by post to ACTSSCA, 303/35 Fu If paying by direct debit a copy of the s 	rzer Street, Phillip, ACT, 2606 uccessful funds transfer receipt					
MUST be emailed to actsocialcricket						
Cheques or money orders payable to:	Direct debit:					
ACTSSCA	Account Name: ACT Sunday Social Cricket Association Inc BSB: 082902 Account No: 489743706					
For queries contact: Angus Algie President ACTSSCA						

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)	<	\sim	C	
(date)	1	2	100	

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)