**Club Application**

Fields highlighted in **RED** are mandatory. Failure to do so will mean your application is **REJECTED**.

**Account Details**

|  |  |
| --- | --- |
| **Parent/Guardian First Name(s)** |  |
| **Parent/Guardian Last Name(s)** |  |
| **Parent/Guardian Email** |  |
| **Mobile 1** |  |
| **Mobile 2** |  |
| **Address 1** |  |
| **Address 2** |  |
| **City** |  |
| **PostCode** |  |

Please tick if you are prepared to assist the club when we require volunteers. This might entail being a timekeeper or other qualified technical official as required at galas, helping at our own galas, helping with fundraising events, being a COVID-19 assistant or any other capacity where we may need some additional help.

**If you have ticked this box please also add yourself as a member on the next page.**

**Member 1**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Previous Club** |  |
| **SASA Member Number** |  |
| **Medical or other information we need to be aware of** |  |

**Member 2**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Previous Club** |  |
| **SASA Member Number** |  |
| **Medical or other information we need to be aware of** |  |

**Member 3**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Previous Club** |  |
| **SASA Member Number** |  |
| **Medical or other information we need to be aware of** |  |