

NAME		DOB (DD/MM/YYYY)
SCG TRUST CARD NUMBER #		
PHONE (W)	(W)	(M)
EMAIL		

Playing Membership

Are you a current player? Yes No

If Yes, Club:	GRADE
If No, Past Club(s):	GRADE

Non-Playing Membership

As well as enjoying our games and events, would you be interested in: (Please Tick)

Team Managing Umpiring Scoring Other Assistance

Payment

I hereby apply to join the SCG XI and enclose my payment of: \$150 Playing Member \$55 Non-Playing Member

I agree, if elected, to be bound by the rules and regulations of SCG XI outlined in the charter which can be found here:

Mastercard Visa American Express

Card Number	Expiry Date	CCV
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Signed	DATE (DD/MM/YYYY)
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Place completed form in the reply envelope provided.