

# Application Form

NAME	DOB (DD/MM/YYYY)	
MEMBER NUMBER #		
PHONE (W)	(H)	(M)
EMAIL		

## Membership

Are you a current player? Yes ☐ No ☐

If Yes, Club:

GRADE

If no, former club and/or previous association (umpiring, team management, scoring, volunteering, etc.)

## Payment

I hereby apply to join the SCG XI and enclose my payment of: ☐ \$130

☐ 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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Signed	DATE (DD/MM/YYYY)
--------	-------------------

Email completed form to [membership@scgt.nsw.gov.au](mailto:membership@scgt.nsw.gov.au). Player insurance is included in your membership fee, providing cover for all SCG XI members.