



Billiards and Snooker Association of S.A Inc.

57 Milner Rd, Richmond SA, 5033

Phone: (08) 72305810

info@snookersa.com.au

## APPLICATION FOR MEMBERSHIP

1<sup>ST</sup> JANUARY – 31<sup>ST</sup> DECEMBER 2017

NAME: ..... OCCUPATION: .....

EMAIL: .....

ADDRESS: ..... POSTCODE: .....

PHONE: ..... MOBILE: .....

*I wish to renew my membership/become a member of the Billiards and Snooker Association of SA, affiliated with the Australian Billiards and Snooker Council (ABSC). I agree to abide by all rules, rulings and bi-laws of the Association. It is a condition of membership that you shall accept and abide by the spirit and terms of the ABSC's Anti-Doping Policy. You are personally responsible for knowing which drugs and substances are prohibited and should stay informed using the ASADA website.*

MEMBERSHIP REQUIRED (please circle)    **FULL**                      **ASSOCIATE**                      **JUNIOR (12+)**

### New\* Snooker SA Venue Subscription \$1500 per year/\$400 paid quarterly

Snooker SA Venue Subscription Benefits: Complimentary 2017 full membership, one year of complimentary table time for yourself (conditions apply), and one year of complimentary entry to events (snooker and billiards league, minor competitions, 147 etc. NOT any level of State/National or International events.)

#### PAYMENT METHOD (please circle)

- Cash
- Direct credit
- Credit card

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name on card ..... Expiry .... / ..... CVV.....

SIGNATURE: ..... DATE: .....

Email: [secretary@snookersa.com.au](mailto:secretary@snookersa.com.au)    Post /Drop to: **Snooker SA Level 1, 57 Milner Rd, Richmond 5033**

Membership applications will only be processed upon receipt of \$20.00 to the BSASA by cash, direct credit, credit card or cheque, together with **completed** application form

NOTE: (Please include reference name on direct credit transfer)

**BSB 065108    Account No. 10431494**