

SOUTH AUSTRALIAN BAND ASSOCIATION INC.



Registered Players' Clearance Form

NAME IN FULL.....

DATE OF BIRTH.....(For records only)

ADDRESS.....

I certify that.....is under no financial or other obligation to theBand.

DATE.....SECRETARY

The Secretary,
The South Australian Band Association Inc.

I.....whose personal particulars are set out above, apply under the above clearance, to be registered as a member of theBand.

DATE..... Signature of applicant.....

The.....Band accepts.....

As a registered member of this Band.

DATESecretary of Band.....

Applicant's Signature.....

SABA OFFICIAL RECORDS ONLY

Date Received.....Date Granted.....

Date processed by registrar.....