

SOUTH AUSTRALIAN BAND ASSOCIATION INC.

R

Application for Registration as a Member of an Associated Band

To the Secretary of the Sth. Aust. Band Assoc. Inc.

NAME IN FULL.....

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

ADDRESS.....

I.....whose personal particulars are set out above,

Apply to register as a member of the.....Band.

Signature of Applicant.....

Witness.....

DATE..... Secretary of Band.....

N.B.

This form is only to be used for NEW registrations.
Where a player is or has been registered with another band, either in South Australia or Interstate, a “**CLEARANCE**” Form must be completed.

SABA OFFICIAL RECORDS ONLY

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

Date processed by registrar.....