

REGULATION 9 - APPLICATION FORM - AFFILIATE MEMBERSHIP

APPLICATION for AFFILIATE MEMBERSHIP

of

NEW SOUTH WALES TEAM SAILING ASSOCIATION INCORPORATED (NSWTSA)

(incorporated under the Associations Incorporation Act 2009) l, [full name of applicant] of [address] As a member of [AS Affiliated Club Name and AS (YA) number] And in the position of [Umpire, Coach, Referee, Race Officer or other Official (please state)] hereby apply to become an Individual Member of the above named incorporated association. In the event of admission as a member, I agree to be bound by the constitution of the association for the time being in force. Date of Birth..... Signature..... Date..... If the applicant is under the age of 18, the membership application is endorsed by a parent or quardian: Name..... Relationship..... Signature.....

NEW SOUTH WALES TEAM SAILING ASSOCIATION INCORPORATED (NSWTSA)

Date.....



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MEMBERSHIP FEE PAYMENT FORM- TAX INVOICE

Member's Name:		
Membership Fee:	Individual Membership Fee:	\$50.00 (inc GST)
	School Team Membership Fee:	\$125.00 (inc GST)
	University Team Membership Fee:	\$62.50 (inc GST)
	Club Team Membership Fee:	\$62.50 (inc GST)
	Affiliate Membership Fee:	\$TBA
	Applicable Fee payable:	\$
Credit Card Authority:		
I hereby authorize, Th	ne New South Wales Team Sailing A	ssociation to debit my credit
card for the amount o	f \$ <u></u>	
Signature:		Date:
Card Number:		CVC:
Expiry Date:		
Name on Card:		
Direct Bank Deposit: Payment may be made by direct bank deposit to the account		

Direct Bank Deposit: Payment may be made by direct bank deposit to the account number below with reference of "Membership - *Name*"

Bank: Westpac BSB: 032102 Account Number: 132617

NOTE: A tax invoice/receipt will be forwarded to the contact address nominated upon receipt of your payment.