

**The South Australian Badminton
Association Inc.**

Membership Application

PRIVACY POLICY: The information disclosed on this form will only be used for Badminton SA and Badminton Australia purposes, and will not be redistributed or sold to a third party under any circumstances, except when the information is required to be disclosed by law, or when the lack of disclosure may result in death or injury.
Badminton SA is a Child Safe Environment

AFFILIATED CLUB NAME:

TITLE: FIRST NAME: SURNAME:

Date of Birth: EMAIL:

ADDRESS: SUBURB:

POSTCODE: HOME PHONE:

MOBILE PHONE: WORK PHONE:

EMERGENCY CONTACT: EC PHONE:

ARE YOU A MEMBER OF ANOTHER CLUB/ASSOCIATION? YES: NO:

NAME OF CLUB/ASSOCIATION: MEMBER ID:

Do you wish to participate in SABA competition events? YES: NO:

Type of Membership: Social: Competition:

I AGREE TO APPLY FOR A DCSI SCREENING IF REQUESTED AS PART OF MY MEMBERSHIP OF THIS ORGANISATION

I AGREE TO PROVIDE A NATIONAL POLICE CLEARANCE IF REQUESTED AS PART OF MY MEMBERSHIP OF THIS ORGANISATION

I AGREE TO ABIDE BY THE CONSTITUTION, REGULATIONS & MEMBER PROTECTION POLICY OF THIS ORGANISATION

I ACCEPT THAT MY MEMBERSHIP APPLICATION MAY BE DECLINED

SIGNATURE: DATE:

IF APPLICANT IS UNDER 18 YEARS OF AGE;

SIGNATURE OF PARENT/GUARDIAN:

PRINTED NAME OF PARENT/GUARDIAN:

OFFICE USE ONLY: Received from:

the sum of \$ Receipt no: Date:

Being membership for year Signed: