

SOUTH EAST METROPOLITAN SOFTBALL ASSOCIATION

CLUB AFFILIATION FORM

| NAME OF CLUB: | ••••• | | |
|----------------------------|---------------------------------|--------------------------------------|---|
| CLUB COLOURS: | TOP: | PANTS: | |
| (For | publication in | fixture book on web) | |
| Address: | | | |
| Contact No: | | | |
| Email: | | | |
| Email address for I | nvoices: | | |
| CLUB DELEGATE: | | | |
| Name: | | | |
| Contact Details: | | | |
| Email: | | | |
| Team Season: Seni | ior | | |
| Team Season: Juni | or | | |
| by the Constitution a | and by-laws i ees to partici | n force, or as amended by SEMSA from | stablished by SEMSA Inc and agrees to abide time to time. es decided on by SEMSA Inc. and to accept |
| Signed: | | Club President/Sec | cretary |
| This Nomination fo | orm is to be r | eturned together with the Team Reg | istration forms NO LATER than 31 st August |
| SEMSA Inc. | OR | Emailed to: | BANK DETAILS: |
| PO Box 93 Riverton WA 6148 | | Semsaregistrar@iinet.net.au | BSB: 036-081 |

CLUB AFFILIATION: \$20 PER CLUB (Compulsory)

SENIOR TEAMS: \$690

JUNIOR TEAMS: \$450

SUB-JUNIOR TEAMS: NO CHARGE

Clubs must pay a **NON-REFUNDABLE** deposit of \$125 per Senior team and \$100 per Junior team when registering their team or teams.