



**SECRET HARBOUR
DOCKERS
SPORTING ASSOCIATION**

2021 MEMBERSHIP APPLICATION FORM

SURNAME _____ FIRST NAME _____

ADDRESS _____

SUBURB _____ POST CODE _____

CONTACT PHONE NUMBER: MOBILE _____ OTHER _____

EMAIL ADDRESS _____ DATE OF BIRTH _____ SEX: _____



Membership Type	Fee Amount
Social Membership (Single)	\$50

2021 MEMBERSHIP CARD WILL BE ISSUED WHEN RECEIVED _____

I hereby apply for Membership of the **SECRET HARBOUR DOCKERS SPORTING ASSOCIATION**.
I understand that my rights and privileges do not commence until my application has been approved by a SHDSA Staff.

I will abide by all the Rules & Regulations, Policies, and Guidelines of the **SECRET HARBOUR DOCKERS SPORTING ASSOCIATION** that are displayed at the Pavilion and the Sporting Association website <https://www.shdsportingassociation.com/>

Date ____ / ____ / ____ Signature _____

**Please note all information provided will be treated as private and confidential and will only be used by the SHDSA for official purposes.*