

NAME	DOB (DD/MM/YYYY)	
MEMBER NUMBER #		
PHONE (W)	(H)	(M)
EMAIL		

## Membership

Are you a current player? Yes  No

If Yes, Club:

GRADE

If no, former club and/or previous association (umpiring, team management, scoring, volunteering, etc.)

## Payment

I hereby apply to join the SCG XI and enclose my payment of:  \$100

I agree, if elected, to be bound by the rules and regulations of SCG XI outlined in the charter which can be found here:

Mastercard  Visa  American Express

Card Number	Expiry Date	CCV
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Signed	DATE (DD/MM/YYYY)
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Email completed form to [membership@scgt.nsw.gov.au](mailto:membership@scgt.nsw.gov.au)