



VICTORIAN MASTERS SQUASH ASSOCIATION INC.

ABN: 39 143 122 923

Correspondence: PO Box 1023, NEWPORT, Vic., 3015.

Email: admin@vmsasquash.com

Website: www.vmsasquash.com

MEMBERSHIP APPLICATION FORM

Full Membership is open to all persons who have attained the age of 35 years and are prepared to adhere to the Masters Philosophy and agree to abide by the Rules and By-laws of the Association.

\$20 per person per year

Please supply the following information and either:

- Send to: VMSA Secretary, PO Box 1023, NEWPORT, 3015.
- or
- Fax to: VMSA Secretary – on (03) 9333 3668.

Name: _____

Address: _____

P/C: _____

Date of Birth: _____ Phn: (H) _____

(B) _____ (Mob) _____

Email: _____

Club: _____ Masters Grade: _____ Position: _____

Cheque enclosed for \$ _____ (payable to VMSA)
or

Pay via: Bankcard, Mastercard, Visa Card for \$ _____

CARD NO: | | | | | | | | | | | | | | | |

CARD HOLDER NAME: _____

EXPIRY DATE: ____ / ____ SIGNATURE OF CARD HOLDER: _____

I am interested in assisting the Association in the following areas:
Committee Social Tournament Other _____ (please specify)