BSAACT MEMBERSHIP APPLICATION FORM		
PREFERRED NAME	FAMILY NAME	DATE

ADDRESS:		
CONTACTS:	Phone:	
	Email:	
Emergency name & contact:		

I, the applicant, herewith apply for membership of the Billiards & Snooker Association of the A.C.T. I agree to abide by the Association's policies, procedures, and guidelines.
Printed Name:
Signature:

Proposer:	Member No:
Signature:	

As a member you are assured that all personal information held by BSAACT is used only for internal BSAACT business, and is not made otherwise available without the permission of the member.

ALL FEES TO BE PAID TO:

BSB 112 908
ACCOUNT NUMBER:040000857
ACCOUNT NAME: BSAACT
REFERENCE: (YOUR NAME)