

| 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 and procedures, Codes of Behaviour, Covid-19 agreement and Guidelines. | | |
| Printed Name: | | |
| Signature: | | |
| Proposer (if new Member): | | |
| Proposer's Signature: | | |

As a member you are assured that all personal information held by BSAACT is used for BSAACT business or as required by the Australian Billiards and Snooker Council, and is not made otherwise available without the permission of the member.

ALL FEES PAID TO: BSB 112 908 ACCOUNT NUMBER: 040000857
ACCOUNT NAME: BSAACT REFERENCE: (INCLUDE YOUR NAME)

| | | | | |
|---|---------------------------|--------------------------|--------------------------|--------------------------|
| Do you have a Medical Condition that BSAACT needs to be aware of in case a medical emergency occurs? (tick & advise) | | | | |
| YES | <input type="checkbox"/> | | NO | <input type="checkbox"/> |
| Do you have any of the following skills/training and have the time to assist BSAACT in these areas? | | | | |
| | Do you have these? | | Can you assist? | |
| TYPE of SKILL/TRAINING | YES | NO | YES | NO |
| Current First Aid Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grant Writing and/or Acquittal experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Advertising and/or Publicity experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fundraising/Sponsorship experience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |