The SYNCHE	USTRALIAN (Affiliated	PO Box 637 Noa	Club Inc. ralian Ice Sk	ating Association Inc.) re SA 5168		
2021 Membership Application Form						
Application Ty	pe: Renewal O	New Membersh	nip O Pr	evious Member Rejoining	0	
Membership C	lass: Ordinary O	Junior Merr		Non-Skating	0	
(Please tick applicable boxes) Name: SASISC Membership No.: (For Renewal & Rejoining Applications only)						
Date of Birth (New Skating M Passport).	1:// embers to provide copy of Birtl	n Certificate or	Male C	Female O		
Home Addre	9SS:					
Postal Addro	BSS (If different from home address					
Phone (Home):		Phone	Phone (Work):			
Phone (Mob	Phone (Mobile): Fax:					
Email:						
For Junior Skating Members only:						
Parent(s)	/Carer(s) Name(s):					
Parent(s)	/Carer(s) Email:					
For Skating N	Members only:					
Test Leve	ls: Synchronised:		Dance:	Singles:		
Synchron	ised Skating Experience	d: Years:	Те	am(s)		
Ordinary Member 18 years and or		irs and over	\$40.00 disco NFSC	ount of \$5.00 if in 2 clubs eg		
Junior Membership under 18		er 18	\$40.00 disc	ount of \$5.00 if in 2 clubs		
Associate Member & Aussie Skate		ssie Skate	\$5.00			
	Total Fees Payable					
F	Payment by: NAB: BSB:	085458 ACCT:	242080285	Direct Deposit**		

** Made payable to South Australian Synchronised Ice Skating Club Inc. ** For payment by direct deposit, please attach a copy of the transaction approval from your financial institution.

Applicant Declaration

(PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby apply to renew my membership/become a member of South Australia Synchronised Ice Skating Club Inc. I agree to be bound by the Rules of the Club and to comply with the Club's Behaviour Management Policy. I agree to pay all fees and other amounts owing to the Club when due for payment. I am aware of the insurance cover held by the Club and by Ice Skating Australia. I also agree to abide by the ISA and SAISA "**Code Of Conduct**" and all of SASISC's Policies.

Signature:				
Witnessed by: Date: //				
For Junior Skating Members a Parent/Carer mus	t also sign this Declaration			
Signature:				
Witnessed by:	Date://			
For new membership applications and for previo	us members rejoining only			
Proposed by :	Seconded By:			
Name:	Name:			
(please print)	(please print)			
SASISC Membership No:	SASISC Membership No:			
Signature:	_ Signature:			
Are you a current member of another Club or int	end to YES O NO O			
Name of the other Club you are a member of:				
<u>Club Use Only</u>				
All applicable joining/membership fees received:	• (Init.)			
Proof of age submitted (for Skating Members)	• (Init.)			
Membership Approved at Meeting on://				
Membership Number:	(Init.)			
Details entered in Membership Register:	• (Init.)			
Membership Card issued:	•(Init.)			