SACS MEMBERHIP FORM*-

ABN: 73 072 625 935 (Retain a copy as a Tax Invoice)

*please do not fill in if you're a current fully insured member of another coaching association.

PERSONAL DETAILS

Title: _____ First Name: _____Initial:____ Surname:_____

House/Unit Number: _____ Street:_____

Suburb: _____ State:_____ Post Code:_____

Phone Number (H):_____(M): _____ (W): _____

Email: _____ Fax: _____

Date Of Birth: _____ Accreditation ID#: _____ Gender: M ☐ F ☐

☐ I wish to join SACS ☐ I am renewing my membership with SACS

I wish to join/renew my membership with the Squash Australia Coaches Section (SACS) to gain the following benefits:

- Free hire of video's/ DVD's from Squash Australia's resource library.
- Significant discount on attendance at the biennial National Coaching Conference.
- Password Access to SACS Coaches on Squash Australia's website.
- Coaches insurance for public liability and professional indemnity cover.
- Other benefits as advised from time to time by Squash Australia.

I am applying for accreditation as a Level 1 coach. I have payed the **annual fee of $92.00** by

- Cheque/Money order and attached it to this application form ☐
- Direct Deposit into Squash Australia's bank account ☐

  BSB: 064 162 A/C: 10129098 Reference: Last Name & SACS

  Date Deposited: _____

Signed:_____ Date: _____

PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO SQUASH AUSTRALIA WITH ALL OTHER FORMS OUTLINED IN THE CHECKLIST. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION HAS BEEN RECEIVED AT SQUASH AUSTRALIA.

x----------x

Office Use Only

Date Received: _____Approved: Y / N Payment Received:_____

Name: _____ Signature: _____Date: _____