Past Player Membership Form

Name:

....
(first name) (surname)

Address:

.....
(Street)

.....
(Suburb)

.....
(City)

Contact numbers:

....
(home) (work)

....
(cellular) (fax)

E-mail address

.....

Membership Fee:

Annual - $30

Life - $300 (Please circle)

_____ (Signature)

Date:

Under the Privacy Act, you are entitled to see any information about you that the Cricket Players Association holds. If that information is incorrect, you may require the Cricket Players Association to correct it.