

AFFILIATE / ASSOCIATE MEMERSHIP FORM FOR NEW APPLICATION						
Please complete Form M1 if your club/team wish to be a full / associate member of SBSA						
Name of Clul	o/Team:					
Name of Club/Team M	lanager:					
ļ	Address:					
Contact N	Number:		Email:			
Affiliate Men	nbership:	 The acceptance of any such application shall rest entirely at the discretion of the SBSA Council. Upon acceptance, notice thereof shall be sent to the Member together with a copy of the Constitution of the Association. An entrance fee of \$50 is required for affiliate membership. Annual fees are based on financial year (Begin 1st April to following year 31st March), with Annual Subscription Rate of \$\$50/\$\$\$50/\$\$\$25 for full and associate member respectively 				
Period of F	Payment:			(Pls indicate MMYY)		
Total Amount F						
Current Account No. Bank UEN	*Payme	ent may be mad : 033-0042 : DBS Banl : S60SS00	k Ltd	vNow		
I agree to abide by the rules of SBSA as set out in the constitution. Disclosure of personal data protection (1) By signing here, you agree to allow Singapore Baseball and Softball Association (SBSA) to use and process, by any medium, the information given by you which may be acquired throughout the process of this application in order to determine if this application will be approved or rejected. (2) You agree that in addition to the mode and manner in which SBSA may send you notices and communications under the Terms, SBSA may send notices and communications as we deem appropriate for the processing of this application to you at your last known address, telephone or mobile number or electronic mail address in our records, if any.						
Date:		· · ·	Signature:			



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OFFICE USE ONLY					
Date received:		OFFICIAL STAMP			