

**AFFILIATE / ASSOCIATE MEMERSHIP FORM
FOR NEW APPLICATION**

Please complete Form M1 if your club/team wish to be an affiliated / associate member of SBSA

Name of Club/Team: _____
 Name of Club/Team Manager: _____
 Contact Address: _____
 Postal Code: _____
 Phone (Home): _____ Phone(Work): _____
 Phone (Mobile): _____ Phone(Fax): _____
 Email: _____

- Affiliate Membership:
- 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 /associate membership.
 - Annual fees are based on financial year (Begin 1st April to following year 31st March), with **Annual Subscription Rate of S\$50/S\$25**

Period of Payment: _____ (Pls indicate year)
 Total Amount Payable*: \$100/\$75

**Payment may be made via Cheque / Inter Bank GIRO / iBanking
 * Cheque must be **CROSSED** and make payable to "**Singapore Baseball and Softball Association**"*

Current Account No. : **033-004297-3**
 Bank : **DBS Bank Ltd**
 Branch : **Raffles City Branch**
 I agree to abide by the rules of SBSA as set out in the constitution.

Date: _____ Signature: _____

Welcome to SBSA!

OFFICE USE ONLY

Date received:		Cheque No.		OFFICIAL STAMP	
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