CAL.S.A.C.

Calisthenic SA Coaches Association Inc

CAL.S.A.C. USE ONLY
Receipt No……
Assoc. Member No……..
Form of payment…….
Date……..

2012 SUBSCRIPTION ACCOUNT

ASSOCIATE MEMBERSHIP

NAME……..…

ADDRESS……

……..POSTCODE……...

PHONE NO : (HOME)……(WORK)……..

MOBILE PHONE…….……

EMAIL ADDRESS…….…….

DATE OF BIRTH……

CLUB……..…

ASSISTANT COURSE(S) COMPLETED ……

AND YEAR(S) ……...…

DUE DATE : 1st MARCH 2012

****** Any membership fee not received by 1st March 2012**
will incur a $5.00 late fee - NO EXCEPTIONS ****

AMOUNT DUE : $12.00 + $5.00 admin fee if not on email

Please return this form with a stamped self addressed envelope for the return of your receipt and 2012 membership card.

TO : **CAL.S.A.C. ADMINISTRATIVE OFFICER**
Royalty Theatre
65 Angas Street
Adelaide SA 5000