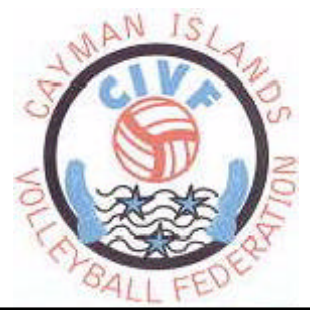




# Member Registration Form



Member: First Name										Middle Initial					Surname										Year Joined			
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Date of Birth MMDDYYYY										Sex Male/Female					Nationality									
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Telephone(Daytime)										Telephone(NightTime)										Telephone(Mobile)									
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Occupation																			
Employer										Employer Fax									

Employer's Mailing Address P.O. Box										Employer Contact (for mail)									
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**Home Address:**

**Mailing Address:**

Street															P.O. Box				
Resident District																			
Country										Email Address:									

<input type="checkbox"/>	Player - Please Check and fill out your details	Height												
Playing Level - School/College/Club/National														
Affiliate/Club/School														

**Experience Details**

Emergency Contact Person										Emergency Contact Tel. No.									
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**For Official Use Only:**

Member Id Assigned										<input type="checkbox"/>	Registration	Amount:	Application Date:				
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Official: