



**QUEENSLAND
SUB DISTRICTS
CRICKET
ASSOCIATION INC.**

ASSOCIATE MEMBERSHIP FORM SEASON 2018/19

Sunday 50 Over Competition Nomination

Name of Club: _____ (“the Club”)

DECLARATION The Club agrees that its office bearers and members will accept the Rules and Regulations of the Queensland Sub Districts Cricket Association Inc. and the Club agrees to pay all fees and penalties in accordance with the Association constitution and Playing Regulations of the Association.	
Name of Authorised Person _____	Signature _____
Club Position (please print clearly) _____	Date _____

CLUB CONTACT DETAILS

POSITION HELD WITH CLUB	NAME	PHONE	MOBILE	EMAIL

Please use another page if there is insufficient space or you have a printed document.

POSTAL ADDRESS	SUBURB		POST CODE
	ABN	INCORPORATION NO.	

EMAIL ADDRESS TO SEND INVOICES	
CLUB WEBSITE	

TEAM SHIRTS Please indicate if you are intending or considering using a Team Shirt in the coming season. (See Sunday Playing Regulation 8 for details) (YES / NO)	
Please submit Team Shirt design with this application or at any time for approval.	
Club Colours	Cap Style

Please refer to www.qsdca.com.au/affiliation for updated information about fees.

Hand this form to The Honorary Secretary at an Association meeting or scan and email to secretary@qsdca.com.au