



**QUEENSLAND  
SUB DISTRICTS  
CRICKET  
ASSOCIATION INC.**

**AFFILIATE MEMBERSHIP FORM SEASON 2019/20**

Saturday Competition Nomination

**Name of Club:** \_\_\_\_\_ (“the Club”)

OFFICE BEARERS	NAME	PHONE	MOBILE	EMAIL
PRESIDENT				
SECRETARY				
TREASURER				
DELEGATE				
<i>Others...</i>				

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

<b>POSTAL ADDRESS</b>		
	SUBURB	POST CODE
<b>ABN</b>		INCORPORATION NO.

<b>EMAIL ADDRESS TO SEND INVOICES</b>	
<b>EMAIL ADDRESS FOR NOTICES, MINUTES ETC</b>	
<b>CLUB WEBSITE</b>	

<b>GROUNDS</b> (Name, Address, Availability)	

<b>TEAM SHIRTS</b> Please indicate if you are intending or considering using a Team Shirt in the coming season. (See <b>Saturday Playing Regulation 8</b> for details) <b>PICK YES OR NO PLEASE...</b> <b>Please submit Team Shirt design/photo with this application for approval.</b>	
Club Colours	Cap Style
Year club began	
Do you have any club records that would be of interest to Association history researchers? (YES/NO)	

Hand this form to The Honorary Secretary at an Association meeting or scan and email to [secretary@qsdca.com.au](mailto:secretary@qsdca.com.au) **PICK YES OR NO PLEASE...**