



**QUEENSLAND
SUB DISTRICTS
CRICKET
ASSOCIATION INC.**

ASSOCIATE MEMBERSHIP FORM SEASON 2019/20

Name of Club: _____ (“the Club”)

Choose competition

PLEASE TICK

Sunday 50 Over Competition

Kookaburra Cup Super 20

Other: _____

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) **PICK YES OR NO**
Please submit Team Shirt design with this application or at any time for approval.

Club Colours	Cap Style
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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