



The South Australian Square Dance Society Inc.



YEARLY MEMBERSHIP APPLICATION

1st July 2026 to 30 June 2027

1st July - 30th June	\$20.00	<input type="checkbox"/>	Membership No: _____
1st Oct- 30th June	\$15.00	<input type="checkbox"/>	Last Name: _____
1st Jan - 30th June	\$10.00	<input type="checkbox"/>	_____
1st April - 30th June	\$5.00	<input type="checkbox"/>	First Name: _____
Hard Copy Roundup	\$22.00	<input type="checkbox"/>	Club: _____
Postage	\$40.00	<input type="checkbox"/>	_____

TOTAL \$ _____

Address: _____

Phone: _____ Post Code: _____

Email: _____ @ _____

Round Up Only (Please tick if applicable)

MY PAYMENT IS ENCLOSED OR DIRECT TRANSFER:

BSB: 085-005 Account No: 91-374-6595 Account Name: SASDS Inc

Direct Transfer No: _____

We understand that Approved Square Dance attire is required at Society functions, when visiting other clubs and that participation in this activity is at my own risk.

I/We agree to receiving reasonable communication from SASDS Inc via this email address unless indicated otherwise:

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

Signed: _____ Date: / /

PLEASE RETURN THIS FORM TO MEMBERSHIP SECRETARY

Post to: (April Nicholls) The Membership Secretary, 36 Japonica Cres Parafield Gardens Adelaide S.A 5107.
or email: membershipsecretary@squaredancingsa.com

When Filling out this Form please use Clear block letters

SASDS use only Receipt No: _____