



The South Australian Square Dance Society Inc.



YEARLY MEMBERSHIP APPLICATION

1st July 2024 to 30 June 2025

Membership per person \$20.00

Family Name: _____

Hard copy \$15.00

Postage \$20.00

Given Names: _____

TOTAL \$ _____

Address: _____

Phone: _____ Post Code: _____

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

Email: _____ @ _____

Round Up Only (Please tick if applicable)

I/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.

Signed: _____ Date: _____

Please give this form to your club representative or post to: The Membership Secretary, 10 Angel PI Paralowie, Adelaide S.A 5108

My payment is enclosed or direct transfer BSB: 085-005 Account No: 91-374-6595 Account Name: SASDS Inc:

Direct Transfer No: _____

Membership No: _____ Receipt No: _____