

# West Torrens Baseball Club Inc.

PO BOX 111 Brooklyn Park SA 5032



## Membership Application

Christian Names \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ P/C \_\_\_\_\_

Telephone (B) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

E-Mail \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Past Player Yes/No

Please return to the Secretary with your remittance of \$10.00 at the postal address above