



Supported by the



APPLICATION FOR MEMBERSHIP SQUASH NSW 2018

Name:

Address:

Date of Birth:/...../..... Under Age Group:

Contact Tel: (H) (M)

Email:

Squash Club:

Class for which you are seeking entry (circle) **Talent or Development**

Current Ranking:

PSA/WSA: National: State:

Please circle:

- | | | |
|--|-----|----|
| • I am a Financial Member of Squash NSW 2018 | YES | NO |
| • I am a member of a Regional Squad _____ | YES | NO |
| • I will be competing in Junior Ranking Tournaments | YES | NO |
| • I am available to attend Individual Championships AJO & AJC | YES | NO |
| • I am available for Australian Teams Championships (AJC 2018) | YES | NO |
| • I wish to be considered for inclusion in Travelling Squads to major tournaments | YES | NO |
| • If selected to represent NSW, I am prepared to undertake fund raising activities for | | |
| Squash NSW as required | YES | NO |

State Junior Membership Fee: \$40

(There is no fee payable for those members who play in the Sydney Junior Pennant Competition as fees are included in Pennant.) **All players to complete a Membership Form**

Complete Membership Form & Preliminary Information and forward to Squash NSW

Development
NSW Squash LTD
PO Box 211
Thornleigh NSW 2120 OR Email: admin@nswsquash.com.au

Direct Deposit: BSB 012 251 **Account number:** 498005801 **Account Name:** NSW Squash Limited

PRELIMINARY INFORMATION FOR NSW JUNIOR SQUASH ACADEMY

Name:

Date of Birth: Age Group:

Signature of Player:

Signature of Parent/Guardian:
(if player under 18 years age)

Detail History of personal performance over the last 12 months. – Best five results including date, event and placing or level of performance.

Date	Event Name	Placing expected	Placing Achieved

2018 Competition Targets – outline your schedule for 2018 and prioritized events where possible.

1

2

3

Squash Goals (Briefly outline your future goals for your squash career)

This year 2018

.....

Medium term 3 Years

.....

Current Coach Details: Name:

Address:

..... Postcode

Phone: (H) (M) (W)

Email:

Current Training Venue:

Signature of Player:

Signature of Parent/Guardian:
(if player under 18 years age)



NSW Squash Limited
ABN 52 992 519 238
PO Box 211
Thornleigh NSW 2120
Telephone: 02 8736 1244
Email: admin@nswsquash.com.au
Website: www.nswsquash.com.au

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NSW Player Membership

(To be completed by players interested in In-House Competitions/Coaching/Development/Tournaments)

Membership valid: JANUARY to DECEMBER each year

Year:

Benefits:

- Matrix rating and results
- Insurance cover when training and playing squash
- Access to NSW Squash coaching, competitions, development and tournaments
- NSW Squash Event Entry Form via www.nsw.squash.org.au and Facebook
- Access and inclusion in National and State rankings
- Squash Career Pathways for juniors with access to Coaching and Development Camps
- NSW State and travelling squads

Please complete the application form below and return to NSW Squash with payment

Name: DOB:

Address:

Town/Suburb Post Code:

Phone (h): (m):

Senior
Junior
Parent

Email: (Print Clearly)

Squash Club: Town/Suburb:

I agree to abide by the rules, regulations and policies of NSW Squash Limited ☐ *Please tick*
I accept NSW Squash's Privacy Policy (refer www.nsw.squash.org.au website) ☐ *Please tick*

Signature: Date:

Senior \$50 PA ☐ Junior \$40 PA ☐ (Age Group Under) Male/Female

METHOD OF PAYMENT (Please tick)	
Cheque / Money Order <input type="checkbox"/>	NSW Squash Limited PO Box 211 Thornleigh NSW 2120
Direct Deposit <input type="checkbox"/>	Account Name: NSW Squash Limited BSB: 012 251 Account No: 498005801 Reference: Name
Credit Card <input type="checkbox"/>	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Cardholder's name (print)	
Card number	
Expiry date	
Security code (3 digit code reverse of card)	
Payment amount	\$
Signature (Cardholder only)	