



ALICE SPRINGS BASKETBALL ASSOCIATION
AFFILIATE MEMBERSHIP APPLICATION
Non Playing Officials (Coaches, Referees)

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Club: _____

Member Type: _____

Signature: _____

Office Use Only:		Date Received:	/ /
Application:	Accepted/Rejected	Date Processed:	/ /
Membership Fee Paid:	Yes No	Cheque/ Direct Deposit/ Cash	Amount: \$ 20.00
Receipt No:		ASBA President Signature:	