THE SOUTH AUSTRALIAN GERMAN ASSOCIATION INC.

41 Airport Rd - Brooklyn Park SA 5032





MEMBERSHIP APPLICATION FORM

Title/s	First Name/s
Surname/	
Address	
Suburb	Postcode
Occupatio	nDOB (optional)
Mobile(s)	Telephone
Email	
Please des	cribe why you wish to become a member of our Club
What skill	/areas of interest do you have which might be of assistance to our club?
time and u	s a member, I herewith agree to abide by the Rules and Regulations of the Club as amended from time to nderstand payment of an annual membership fee is required. Membership Fee for 2025-26 (please tick one)
	Single \$60
	Double \$80
	Student \$35
	Concession Single \$35
Children	Concession Double \$55 Index 16 are included in the annual fee.
Members Account N	nip can be paid in cash or by card at the club, or transferred by EFT to ANZ bank account as follows: ame: SA German Association Inc. BSB: 015056 Account Number: 756650150 mention in the payment memo/reference the full name/s of whose memberships are being paid**
Are you in In case yo	rerested in assisting with organising club activities(please circle) Y / N are answer is yes, your name and contact phone number will be passed on to the SAGA Volunteer or committee member who will contact you for a discussion.
Date	Signature
Nominate	l by (print) Position

Privacy Act

SA German Association is committed to safeguarding the privacy of the personal information you have supplied on this form. The Club will use the personal information to process your membership application and/or to facilitate your access to our facilities and services and meetings. The Club may use your personal information for related purposes or for direct marketing communications. You may access, update and amend your personal information at any time by making a written request.