

SQUASH RACKETS ASSOCIATION OF PENANG
101 Bukit Dumbar, 11700 Penang

AFFILIATED/ASSOCIATE MEMBERSHIP APPLICATION FORM

Name of Organization:

Registration No of Organization:

Postal Address: Tel No:

..... Email:

Contact Person: H/P No:

..... Email:

Enclosed herewith cheque/money order/cash for RM.....in favour of Squash Rackets Association of Penang.

Note:

No	Membership Category	Entrance Fee (RM)	Annual Subscription (RM)
1	Affiliated Membership: (District Squash Associations)	Nil	\$50.00
2	Associate Membership: (Schools, Colleges, Universities, and Clubs)	Nil	\$25.00

If the application is accepted, we shall abide by the Rules and Regulations of the Squash Rackets Association of Penang.

Date: Signature:

Name of Proposer: Signature:

Name of Seconder: Signature:

FOR OFFICIAL USE

Date: Receipt No:

Subscription paid:

Acknowledged by: