# SOUTH SUBURBAN DARTS ASSOCIATION INC.

PO Box 91, Maddington WA 6989

# REGISTRATION FORM 2020

The undersigned is desirous of becoming a member of the …… Dart Club, they'll declare that they are not registered with any other Dart Club belonging to the SSDA Inc. at the time if registering. Transfers are required if a member is moving from one SSDA club to another.
They'll also understand that a player is eligible to sign from another Association being their number 1 Association and is shown as such below.
The undersigned agrees to abide by the Rules and Constitution of the SSDA Inc. at all times. Once signed, the player/s declare that all information provided is true and accurate and is/are aware that they may be suspended and their club lose points and/or be fined if otherwise so.

**THIS FORM WILL BE RETURNED IF NOT COMPLETED CORRECTLY**

Club Secretary: …… Date: ……/……/ 20_____

Please print in **UPPERCASE** and ensure an **E-MAIL** address is provided where applicable. **ALL** information is required by Darts WA rules.

| Full Name | Address | Signature | E-mail | Phone/Mobile | #1 SSDA | M/F | #2 Assoc |
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If "**Under 25**" indicate with an asterisk (*****) next to your name.