



ST. VINCENT AND THE GRENADINES SQUASH ASSOCIATION
MEMBERSHIP FORM

National Squash Centre, Paul's Avenue, Kingstown, St. Vincent.

Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____

Address: _____ Province: _____

Telephone# (W): _____ (H): _____ (C): _____

Email: _____

I am a **Junior**, and I have attached my annual SVGSA membership subscription. **[\$50]**

I am a **Senior**, and I have attached my annual SVGSA membership subscription. **[\$50]**

Signature: _____

IMPORTANT INFORMATION



- All Cheques made payable to SVG Squash Association.
- All information provided is the sole property of the SVG Squash Association.
- Membership Fee is \$50.00 annually (1st January – 31st December)

Official use only:

SPIN: _____

SVGSA #: _____

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www.svgsquash.com •  SVG Squash Association •  @SVGSQUASH