

## PERSATUAN SKUASY SELANGOR

Squash Racquets Assoc. of Selangor (SRAS) P.O Box 449 Jln Sultan, 46750 Petaling Jaya Email: <a href="mailto:theselangorsquash@gmail.com">theselangorsquash@gmail.com</a>

Website: www.theselangorsquash.com

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SRAS MEMBERSHIP APPLICATION FORM								
a)	Applicant's Name:							
b)	Date of Birth: (dd/mm/yy)							
c)	Passport No. / IC No. :							
d)	Postal Address:							
e)	Training Centre/ Coach's	s Name:						
f)	School/ College/ University							
g)	Father's/ Mother's Name:		H/P No:					
h)	Email Add:		Emergency Contact No:					
•	our child/ children is /are participating ner/their names below: (Only to be fil Names		•			e parents-)		
Type of Membership Applica Fee		Application Fee	on	Yearly Fee		Total	Please tick One $()$	
Junior Member RM10		RM10	RM5			RM15		
Affiliated Member: Registered Schools Clubs/ Colleges/ Universities  N/A  N/A				RM25 RM50		RM25 RM50		
Co	on acceptance of my applicanstitution.  Statute of Applicant,	tion, I will	abide b	y the Rules	s & R	egulations of  Date:		