



ACTJCL Inc.

(ACT Junior Chess League)

Membership Form

Surname: _____

Address: _____

Suburb: _____ State: ____ Postcode: ____

Phone: (____) _____ (H) (____) _____ (W)

Email: _____

Child 1 Name: _____ Date of Birth : _____

School: _____ Age: _____

Child 2 Name: _____ Date of Birth : _____

School: _____ Age: _____

Child 3 Name: _____ Date of Birth : _____

School: _____ Age: _____

The annual fee is \$15 Individual or \$20 Family.

Membership is from 1 January to 31 December.

For membership commencing after 31 July the fee is \$10 Individual or \$15 Family.

Please complete the form and forward together with a cheque made payable to ACT Junior Chess League, P.O Box 1403, Belconnen, A.C.T, 2616

Note that if you are playing rated games, other than Junior Chess League, you must also be a member of the ACT Chess Association.

Admin Only

Year of Membership : _____ *Payment by Cash / Cheque* *Receipt No:* _____

Date : _____