

BLACK CROW CLUB MEMBERS REGISTER & ACTIVITY STATEMENT



S.A.C.T.A. CLUB

	DATE	MEMBER NAME	ACTA NO.	. HOME CLUB	PAID \$20	PAID OTHER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Dear Club Secretary, at your convenience, please forward this form with completed member details and all monies collected to date to SACTA Secretary, P.O Box 1430, MURRAY BRIDGE SA 5253. Payments can be made by cheque or . **EFT C'Ith BSB 065-122 a/c** 10011938 SACTA Email: secretary@sacta.com.au.