



SEASON 2011

MEMBERSHIP CARD REPLACEMENT FORM

DEAR MEMBER

REPLACEMENT FEE

Lost Tickets \$15.00 per Membership ticket
 Stolen Tickets No Charge - please provide police report number _____

We require that this Declaration be completed by yourself, the Member. Identification (Drivers License or Telephone account etc) must accompany the form. Completed forms along with payment (if applicable) can be returned to the SANFL:

POST: AAMI STADIUM MEMBERSHIP, PO Box 1 WEST LAKES SA 5021
PERSON: AAMI Stadium, Administration Building, Turner Drive WEST LAKES
EMAIL: membership@sanfl.com.au

DECLARATION

NAME:	MEMBER #:
POSTAL ADDRESS:	
	STATE: POSTCODE:
PHONE: (H) (W)	(MOB)
DATE:	

I HEREBY DECLARE THAT I AM CURRENTLY A FINANCIAL MEMBER OF AAMI STADIUM AND THAT I HAVE LOST MY MEMBERSHIP TICKET.

I HEREBY MAKE APPLICATION FOR REPLACEMENT OF THE AFOREMENTIONED TICKET AND AGREE THAT IN THE EVENT OF THE TICKET BEING RECOVERED, I SHALL RETURN IT TO SANFL IMMEDIATELY.

DATE ____ / ____ / ____ SIGNED _____

PAYMENT DETAILS

I wish to pay by *cheque (made payable SANFL)*

Or please charge \$15 per Membership Ticket to my: Visa MasterCard Diners Amex

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CARDHOLDERS NAME:	EXPIRY DATE: / /
SIGNATURE:	DATE: / /

OFFICE USE ONLY

Member Type	Member Number	Processed By	Faxed	Temp Ticket Required
				YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTES
