

SSAA (Tasmania) Inc
State Membership Officer
PO Box 516
GLENORCHY 7010
Tasmania

Secretary@ssaatas.com.au



REQUEST TO TRANSFER BRANCH ALLOCATION

I,
Name: (First) (Middle) (Last)

SSAA Membership: / /
(Number) (Type) (Expiry Date)

Current Branch:
(Number) (Name)

Address:
(1) (2)

.....
(City/Town) (Post Code)

Contact:
(Work Ph.) (Home Ph.) (Mob.)

.....@.....
(Email)

Request that my SSAA membership allocation be changed to:

SSAA T03 Glenorchy Inc.

Signed by:
(Applicant's Signature)

Witnessed by:
(Name) (Signature) (Membership No.)

Date: / /