



2012 ANNUAL GYM / STUDIO / SCHOOL MEMBERSHIP REGISTRATION

The Australian All Star Cheerleading Federation (AASC) is dedicated to the promotion and advancement of Cheerleading as a recognised and respected athletic discipline and sport. Its aim is to encourage mutual co-operation and communication between coaches to enable each to realise their own potential in their own style through the help and friendship of the AASC. The **AASC Annual Gym/Studio/School membership** puts you on the AASC listing for ongoing referrals as Internationally recognised qualified cheerleading coaches, and you will receive first hand information about events, clinics & camps, international guests, our newsletter etc.

Cheques made payable to "**Australian All Star Cheerleading Federation**".

Gym/Studio/School Name:	Contact Name (Coach or gym owner):
Address:	Telephone:
AASC Membership ensures that you receive all the latest news updates, events and opportunities, discounts, support and advice and member referrals for your area.	E-mail:
	List of current coaches:
	Signed (coach or gym owner):

AASC 2012 MEMBERSHIP

JOIN / RENEW

**AASC
PO Box 7012
Upper Ferntree Gully, Vic,
Australia. 3156**

**Aud\$20.00 per
Gym/Studio/School ***

* A gym membership includes the Gym Owner **AND** all current coaches. Please list all coaches when submitting payment.

AASC Membership data is 'personal data' for the purposes of data protection legislation.
Contact details for specific squads may be given for bonafide information requests about joining a local squad, or possible opportunities for a member squad.

AUSTRALIAN ALL STAR CHEERLEADING FEDERATION Pty. Ltd. INTERNET BANKING & CREDIT CARD PAYMENT OPTIONS

Name of school/company/organization/athlete: _____

Contact Name: _____

Email address: _____ Phone #: _____

Date of payment: _____

Name of event/membership/apparel: _____

1/ Internet Banking

ANZ Account Name: Australian All Star Cheerleading Federation Pty Ltd

BSB: 013 457

ABN: 28 125 837 452

Account: 4869 90381

(Please email with a copy of the Internet bank receipt)

2/ Credit Card Payment

Cardholders Name (Please Print): _____

Card details: A/C No: ____ / ____ / ____ / ____

Expiry date: ____ / ____

Verification number (on back of card): ____

Signature: _____

Amount: \$ _____

Please circle one: **MASTERCARD / VISA**

(Credit card payments incur a fee of 3%)

Do you require a receipt? YES NO

Thank you for your support

AASCF – www.aascf.com.au or

TEL - 03-9756 0014

FAX - 03 – 9758 2096