

2025 FOOTBALL MEMBERSHIP TRANSFER FORM

ULTIMATE FOOTBALL MEMBERSHIP MEMBER SERVICES MAY IN ITS DISCRETION ALLOW A PERMANENT TRANSFER OF MEMBERSHIP.

YOUR DETAILS

Member Number: _____ Surname/Company: _____

Given names: _____ Date of birth: / /

Postal address: _____

State: _____ Postcode: _____

Email: _____ @ _____

PHONE Mobile: _____ Business: _____ Home: _____

Reason for transfer:

I hereby declare that I am currently a financial Ultimate Football Member and I grant the AOSMA permission to transfer my membership to the undersigned.

Signature:

NEW MEMBER DETAILS

Surname/Company: _____

Given names: _____ Date of birth: / /

Postal address: _____

State: _____ Postcode: _____

Email: _____ @ _____

PHONE Mobile: _____ Business: _____ Home: _____

Signature:

Please send your completed form to:

ultimatefootballmembership@sanfl.com.au

or Ultimate Football Member Services, PO Box 900 North Adelaide SA 5006

OFFICE USE ONLY

Approved: YES NO Date: / /