PLAYERS' DETAILS

ABF MASTERPOINT CENTRE

☐ *Please send some more forms*

PO Box 2439, N.PARRAMATTA NSW 1750

☐ - ☐☐☐

ABF NUMBER ☐☐☐☐☐☐

☐ NEW PLAYER (has never been issued with an ABF number)
☐ ACTIVATE PLAYER (if number unknown, supply additional details)
☐ CHANGE DETAILS (write changes only; if name has changed, underline)
☐ ADD to Reports ☐ REMOVE from Reports (home clubs always included)
☐ PLAYER DECEASED / /20 (sign to confirm death of player)

☐ Transfer from Club Number: ☐ - ☐☐☐

SIGNATURES REQUIRED:
Player for transfer; MP secretary for deceased player

ABF MASTERPOINT CENTRE USE ONLY

title | inits (3-max) | firstname (preferred, 1 only) | surname
date-of-birth (year optional) | gender | street no. and name
suburb or town | state | postcode

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Date of Birth are now compulsory! To avoid delays, please include at least Date and Month

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