

CANBERRA CROQUET CLUB INC.

CORONATION DRIVE, YARRALUMLA 2600. PH: (02) 62731030

APPLICATION FOR MEMBERSHIP

DR / MR / MRS / MISS / MS / OTHER: _____

FIRST NAME(S): _____

LAST NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

TELEPHONE: _____ (WORK) _____ (HOME)

E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

NOMINATED BY: _____

SECONDED BY: _____

I agree to my details being made available to Croquet NSW and the Australian Croquet Association for the purpose of the administration of the sport of croquet: _____

The membership fee depends on the month in which you join the club. Once your application has been accepted you will be advised of the fee to be paid. Payment may then be made by bank transfer to Commonwealth Bank of Australia BSB 062 919 account 0090 8494 or cheque payable to "Canberra Croquet Club Inc" or cash to the Treasurer. If using bank transfer please state your name and 'membership' in the transaction description.

OFFICIAL USE ONLY

MEMBERSHIP ACCEPTED BY COMMITTEE: _____ DATE

ENTRANCE FEE & SUBSCRIPTION PAID: _____ DATE

KEY, BADGE & MANUAL PROVIDED: _____ DATE

AFFILIATION TO CPA OF NSW: _____ DATE

AGE CATEGORY: UNDER 21
 21 – 54
 55 – 70
 OVER 70