

# CANBERRA CROQUET CLUB INC.

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

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## APPLICATION FOR MEMBERSHIP

DR / MR / MRS / MISS / MS / OTHER: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE:                      (WORK)                      (HOME)                      (MOBILE)

E-MAIL ADDRESS: \_\_\_\_\_

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: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

The membership fee depends on the month in which you join the club. Please enquire for the fee due. Note that if you have paid for the Introductory Lessons, that fee will be deducted from the amount due. 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