

PORT MACQUARIE CROQUET CLUB INC.

15 Buller Street Port Macquarie 2444

secretary@portmacquarietroquet.com.au

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Port Macquarie Croquet Club Inc. and agree to abide by the Object, Rules and By-Laws of the club.

Please fill in all information in BLOCK letters

Family Name:

First Name: Preferred Name:

Address:

Mobile number: Phone number:

Email Address:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone Number

Name of current or previous croquet club?

Applicant's Signature:Date:.....

Nominated By:

Name:

Signature:

Date:

Seconded By:

Name:

Signature:

Date:

Action	Date	Initial
Committee approval/non approval		
Member advised of approval/non approval		
Membership paid		
ACA database updated: ACA #		
Officers advised of details – C'tee, Welfare, Newsletter, Booking System		