CANBERRA CROQUET CLUB INC.

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

www.canberracroquet.org.au

APPLICATION FOR MEMBERSHIP

DR / MR / MRS / MISS / MS / C	OTHER:
FIRST NAME:	LAST NAME:
ADDRESS:	
	POSTCODE
DATE OF BIRTH:	Please provide at least the year of your birth as this helps the Club in making grant applications and other submissions to government.
TELEPHONE: HOME:	MOBILE:
E-MAIL ADDRESS:	
	Please print clearly.
all other members of the Canb be added to the Club's email of organisations other than to Cr	none number and email address entered on this form will be made available to berra Croquet Club unless you make a specific request. Your email address will irculation list. Your details will not be made public or supplied to other oquet NSW and the Australian Croquet Association for player registration four name, address and phone number may be published in their Yearbook.
I agree with my details being below:	made available in this way subject to any restrictions which I have listed
• •	used on the Club website and Facebook page to promote events and activities at book Yes No Club website Yes No No
I agree to abide by the Club recarpark for Club related activity	ales at the time being in force and acknowledge that I may only use the Club ities.
SIGNATURE:	DATE:
NOMINATED BY:	SECONDED BY:
that if you have paid for the Inmay then be made by bank tra	on the month in which you join the club. Please enquire for the fee due. Note attroductory Lessons, that fee will be deducted from the amount due. Payment ansfer to Bendigo Bank BSB 633 000 account 193656311 or cheque payable to or cash to the Treasurer. If using bank transfer please state your name and on description.
Please return this form to you membership@canberracroque	r coach, leave it pinned to the notice board in the clubhouse or email it to t.org.au.
	OFFICIAL USE ONLY
SUBSCRIPTION PAID:	WELCOME LETTER: KEY: BADGE:
DATABASE: EMAIL LIST	C: WEBSITE AFFILIATION TO CNSW: