



Application for Membership

I _____
PRINT FULL NAME

wish to apply for membership as:

(PLEASE TICK APPROPRIATE BOXES)

NEDLANDS TO BE MY 'PRIMARY' CLUB

- an **Ordinary Member** * Yes No
- an **Associate Member**
- a **Student Member**
- a **Social Member**

Address: _____

Home Tel: _____

Mobile: _____

email: _____

* If already an Ordinary Member of another croquet club in WA, please indicate if Nedlands is to be your 'Primary' Club

I agree to be bound by the Club Rules which comply with the *Associations Incorporation Act 2015* and By-laws and have no objection to my name, address and contact details being provided to the state body Croquetwest and to Croquet Australia for the purposes of administrating the sport of croquet.

Signature: _____

Date: _____

Signature of Ordinary Member proposing this Membership Application:

_____ Date _____

Please return completed form to: Barbara Wilson, Secretary
Scan and email: nedcroquet.honsec@gmail.com
Mail: The Secretary, Nedlands Croquet Club, PO Box 470, Nedlands WA 6909