



MEMBERSHIP APPLICATION FORM

To be returned to the Club Secretary

I hereby apply for admission as a
Member of Chelsea and District Basketball association (Membership Category)

I declare that my particulars which follow are correct:

REGISTERED TEAM/CLUB:

.....

NOMINATED DELEGATE:.....

ADDRESS:.....

SUBURB:..... **STATE**..... **P/CODE**.....

TEL: (H)..... **TEL: (W)**.....

MOBILE:..... **FAX:**.....

EMAIL:.....

DATE OF BIRTH:.....

OCCUPATION:.....

EMPLOYER:.....

EMERGENCY CONTACT..... **TEL:**.....

I hereby certify that the above information is correct, and agree, if elected to membership at Chelsea and District Basketball Association, to be bound by the Model Rules and By-Laws of the Club.

SIGNATURE OF APPLICANT:.....