

WODONGA CROQUET CLUB INC.
ABN 16522675606

MEMBERSHIP APPLICATION FORM

NAME: _____
(Please print)

ADDRESS: _____

PHONE: (Home) _____ **(Mob.)** _____ **(Work)** _____

EMAIL: _____

Do you give permission for your details to be made available to all members:

Yes/No

SIGNATURE _____

.....
.....

Emergency Contacts

1. Name _____

Phone (1) _____ **Phone 2** _____

2. Name _____

Phone (1) _____ **Phone 2** _____

Date of Birth (for VCA statistics)* _____

Signed: _____ **Date:** _____

*** Optional**