

NORTH ADELAIDE CROQUET CLUB inc

8 Menzies Crescent, Prospect. SA 5082

MEMBERSHIP APPLICATION

FAMILY NAME.....TITLE.....

GIVEN NAME.....

PREFERRED NAME.....

ADDRESS.....

.....POSTCODE.....

DATE OF BIRTH.....

HOME PHONE.....BUS.PHONE.....

MOBILE NO.....EMAIL.....

DATE OF APPLICATION.....

NOMINATED.....
(NAME) (SIGNATURE)

SECONDED.....
(NAME) (SIGNATURE)

Office use only:

| MEMBERSHIP TYPE | FULL | ASSOCIATE | JUNIOR | FRIEND OF | Initial |
|-------------------------------|-------|-----------|--------|-----------|---------|
| APPROVED AT COMMITTEE MEETING | on | ..... | ..... | ..... | ..... |
| SACA membership form sent | on | ..... | ..... | ..... | ..... |
| Membership badge ordered | on | ..... | ..... | ..... | ..... |
| Welcome letter sent | on | ..... | ..... | ..... | ..... |
| SACA ID number received | ..... | ..... | ..... | ..... | ..... |

Once completed record membership details in file and on card