



APPLICATION FOR MEMBERSHIP

I..... Date of Birth ____/____/____
 PRINT NAME (if under 18)

of

..... Postcode.....
 PRINT ADDRESS

Telephone: Mobile

e-mail address

hereby apply to become a member of the above incorporated association. I agree to be bound by the rules of the association.

Signed: Date: ____/____/____

Applicants under 18: please have this section completed by your parent/caregiver.

Name: Relationship:

Signed: Date: ____/____/____

Please read the rules attached to this form.

Membership is approved (subject to clause 4(2) of the constitution) on completion of this form together with payment of the applicable membership fee.

This section to be completed by two current members of the association.

We nominate the applicant for membership of The Ballina Players.

Proposer

Name:.....

Signed:.....

Date: ____/____/____

Secunder

Name:.....

Signed:.....

Date: ____/____/____