Membership Application Form

www.noosapickleballclub.com

First Name (and couples name):	Last Name:	Date of Birth:
Email address:	Mobile or Phone No.:	M: ☐ F: ☐ X: ☐
Postal / Residential Address:		
Emergency Contact: Name / Relationship / Phone No.:		

MEMBERSHIP TYPES

Ordinary Yearly Membership	Single	$60	☐
(1 July – 30 June following year)	Couple	$90	☐
Ordinary ½ Yearly Membership (less than six months)	Single	$40	☐
	Couple	$60	☐

PAYMENT DETAILS: Electronic transfer Suncorp BSB: 484-799 Account No.: 6078 13456

Cash: to Treasurer or any Committee Member

We Propose and Second …….. for NPC Membership

Note: Members on the membership register before 1 February 2019 do not require a proposer or seconder

Proposer Name: …….....	Signature: .....
Seconder Name: …….....	Signature: .....

I hereby apply for membership to Noosa Pickleball Club. I declare that I am over the age of 18 years. In making this application to become a member of the Noosa Pickleball Club. I hereby agree to:

- *Authorise the club to make any enquiries they deem necessary relating to my application*
- *Agree to the club's Constitution and by-laws amended from time to time*
- *Agree to the club communicating with me for the purpose of keeping me informed of the services and activities of the club in the form of 'paper, electronic email or mobile SMS'*
- *Unless there is a legal requirement, the Club does not pass on to any outside third party, personal details contained in this application as per the Privacy Act 1988 requirements*

Note: Copy of the club's Constitution and By-laws are available to view upon request or via the Noosa Pickleball Club website.

I acknowledge reading and agree to the above statements.

Signature: …… *Date: ….……../……../……..*

Return completed form to: info@noosapickleballclub.com