



## Application for Membership of Western Port Basketball Association Inc.

I,.....  
(Full Name of Applicant)

Of.....  
.....  
(Address)

wish to become a member of the Western Port Basketball Association Incorporated. In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

..... /..... /.....  
(Signature of Applicant) (Date)

I,.....a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

..... /..... /.....  
(Signature of Nominator) (Date)

I,.....a member of the Association, second the Nomination of the applicant, who is personally known to me, for membership of the Association.

..... /..... /.....  
(Signature of Seconder) (Date)

Membership Accepted Yes/No

Fees Received: Yes/No

President: .....

Date: \_\_\_ / \_\_\_ / 20 \_\_\_