WESTERN PORT
BASKETBALL ASSOCIATION

Somerville Recreation Centre
03 5977 7533
WWW.WPBA.COM.AU

Application for membership of Western Port Basketball Association Inc.

I (Full name Of Applicant) _____

Of (Address)_____

Email: _____

Phone number: _____

Desires to become a member of Western Port Basketball Association Inc.

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 (Full name) _____a member Of the Association, nominate the Applicant, who is personally known to me, for membership Of the Association.

_____ _____

Signature Of proposer Date

I (Full name) _____ a member of the Association, second the nomination of the Applicant, who is personally know to me, for membership of the Association.

_____ _____

Signature of Seconder Date

Please return this completed form to the Secretary – secretary@wpba.com.au for approval.

Membership accepted Yes/No Date of committee meeting:_____