

APPLICATION FOR MEMBERSHIP OF NOWRA CROQUET CLUB Inc.

I, Mr. / Mrs. / Ms First Name Last Name Of Address Wish to become a member of Nowra Croquet Club Inc. **Further Information:** Occupation _____ *Date of Birth: Phone No. Home: _____ Mobile: _____ Email: Emergency Contact Nos. (Name, Relationship, Phone No.) **Declaration:** In the event of my admission as a member, I agree to be bound by the rules of the Club and Croquet NSW. I am aware of and will abide to the Club's Safe Child Policy (July 2023). I agree that the following contact details can be shared with other club members: □ Name \square Phone number(s) □ Address ☐ Email Address I understand that the contact details are required by Croquet NSW and the NSW Government under the Associations Incorporation Regulation 2022. Tick here if you wish to have "Privacy" requested on the CNSW register whereby your contact details are not released by CNSW: □

Signature of Applicant Date

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*Two nominators are rewho know the applicant	-	Nowra Croquet Cl	ub financial members						
I									
Signature of Nominator									
Date									
I									
Signature of Seconder									
Date									
* Date of birth is required by Croquet New South Wales and can be useful when applying for grants.									
Secretary Use Only Dates:	Application Accepted	Letter Sent	Paid						
Entered M'ship List & Register	Entered M'ship List & Register Entered Email Contact		CNSW ID entered/sent						
*** Further information available on the Nowra Website: nowracroquetclub.com.au									
<u>Governance</u> - Policies									
<u>Our Club</u> - Member Information 2023-2024 ~ Member/Junior Membership Forms									
<u>The Game</u> ~ Top 10 Benefits of Playing Croquet.									

Email: nowracroquet@gmail.com ~ Club Address: 127 Cambewarra Road, Bomaderry Bomaderry Sporting Complex.