



P.O. Box 636 24 Swift Street

## **APPLICATION FOR JUNIOR MEMBERSHIP**

I am applying for:		
□ New junior (under 18) membership (\$5 application fee pl	us \$5 annual :	membership.)
$\square$ Junior membership renewal (\$5 annual fee if paid by end	l of Mar each	year or new membership must be
applied for) Please print:		
Preferre	He/Him	
Name:	She/Her	Date of Birth:
Address:	They/Them	
Suburb:		Post Code:
Telephone: Mobile	):	
Email:		
I hereby apply to become a member of the above incorporated ass Players Code of Conduct located at www.ballinaplayers.com.au/co	_	e to read and abide by the Ballina
Signed:		Date:
Applicants under 18: Please have this section completed by your p	arent/guardian.	
Name: Relation	Relationship:	
Phone (if different to above):		
Signed:		Date:
Membership applications are approved (subject to clause 4(2) of the payment of the applicable membership fees at the next available c	•	•
This section to be completed by two current members of the assoc We nominate the applicant for membership of The Ballina Players.	ation.	
	econder:	
·		
Name:	ame:	
Signed:	igned:	
Date:	ate:	