

17/11/2020

CENTRAL COAST SENIORS SNOOKER

APPLICATION FOR MEMBERSHIP (Team:)

DATE _____ SURNAME _____ GIVEN NAME _____

ADDRESS _____ POST CODE _____

PHONE (H) _____ MOBILE _____ EMAIL _____

DATE OF BIRTH _____ WORK STATUS (e.g. Retired, Casual, Fulltime) _____

CLUB NAME & BADGE NUMBER _____ SUGGESTED H/C _____

I agree to abide by the rules and regulations of the club.

SIGNATURE _____

NAME OF PROPOSER _____

Has been known to me for ____ years SIGNATURE _____

NAME OF SECONDER _____

Has been known to me ____ years SIGNATURE _____

NOTE

This application must be presented to the Secretary and be accepted and approved by the delegate committee before any commencement of play. Any player admitted during the final round must play off scratch or lower handicap with no exception.

APPROVED BY SIGNATURE _____

POSITION (e.g. Sec. Pres. Recorder.etc.) _____