

APPENDIX 1

THE WARRAGUL AND DISTRICT AMATEUR BASKETBALL ASSOCIATION INC.



APPROVED MEMBERSHIP – APPLICATION FORM

I _____

(Full Name)

Of

(Place Of Residence)

Email address: _____

Telephone Number: _____

Desire to become a member of the Warragul and District Amateur Basketball Association.

My engagement with Warragul & District Amateur Basketball Association has been as follows:

My interest in becoming a member is as follows:

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: _____

Completed forms should be sent to the Warragul & District Amateur Basketball

**Association via email at secretary@warragulbasketball.org.au or hand delivered to the
address stated on the association website.**