

COBURG BASKETBALL ASSOCIATION INC.	
Association Registration Number	A0004336V
ABN	60 133 828 721
Telephone	03 9355 7200



Application for Membership of the Coburg Basketball Association Inc.

I, _____ of _____
 (Name and Occupation) (Address)

Desire to become a member of the Coburg Basketball Association.

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

If nominating as a parent member

Child's name and Age level:

I _____, a member of the Association
 (Name)

Nomination of the applicant who is personally known to me, for membership of the Association.

 Signature of Proposer Date

I _____, a member of the Association second the
 (Name)

Nomination of the applicant who is personally known to me, for membership of the Association

 Signature of Seconder Date

Version No.	CBA Application Coburg Member	Date of Approval:	1/2/2022
Approved by	Position not name	Review Date:	Every 12 months