

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 Secunder Date