



DEVONPORT

NORTH SHORE CROQUET CLUB

MEMBERSHIP APPLICATION

Name:.....

Home Phone #.Cellphone #.....

Email address:

Address:

Secondary Contact (in case of emergency) Phone #

Type of membership applied for: (please circle) FULL / ASSOCIATE / FAMILY or JUNIOR

Upon approval an invoice will be sent to you - payment can be made by direct bank transfer

I.....apply to become a member of the North Shore Croquet Club, Devonport. Upon acceptance, I agree to abide by the rules of the Club as set out in the Club's [Constitution](#). Should I wish to forgo my membership I will give notice, in writing, to the Club Secretary prior to the Annual General Meeting held in June each year. I confirm that I am fully vaccinated and will provide my COVID vaccination certificate digitally / hardcopy before membership is accepted.

Signed: Date:.....

Official Use Only

Application approved by Club and Vaccination Certificate recorded (signed).....

Invoice Sent (date)..... Payment Received (date)..... Key Issued (date).....