



GOSNELLS CRICKET CLUB

Application Form Associate Membership

As per the Club's Constitution we require all patrons to have a Membership to Gosnells Cricket Club.
 Associate Membership is offered to parents/guardian who's playing son/daughter is fully financial (fully paid registration fees) with Gosnells Cricket Club.
 If an Associate Membership application is not completed, all guests must sign in when visiting the Gosnells Cricket Club Club Rooms. Under the Liquor Licence, the Club will maintain a register of all members.
 Please refer to the Gosnells Cricket Club Inc Handbook & Constitution (June 2019).
 Please complete and return this form to the Treasurer (samanthaparkyn@bigpond.com).

1. PLAYERS DETAILS

First Name: _____ Surname: _____

Date of Birth: _____ Gender: Male Female

Age Group: Juniors (u13's | u14's | u15's | u17's)
 Seniors (1st Grade | 2nd Grade | 3rd Grade | 4th Grade)

2. PARENTS (BOTH PARENTS/GUARDIANS OF CHILD RECEIVE COMPLIMENTARY ASSOCIATE MEMBERSHIP)*

PARENT/GUARDIAN (1)

Relationship to Player: Mother Father Guardian Other (please state)

First Name: _____ Surname: _____

Address: _____

Mobile No: _____ Email Address: _____

PARENT/GUARDIAN (2)

Relationship to Player: Mother Father Guardian Other (please state)

First Name: _____ Surname: _____

Address: _____

Mobile No: _____ Email Address: _____

10. DECLARATION

I hereby apply for Associate Membership of the **Gosnells Cricket Club**.
 I understand that my rights and privileges do not commence until my application is approved.
 I abide by all the Rules and Regulations, Policies and Guidelines of **Gosnells Cricket Club**.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY		
Date Received:	Date Processed:	Processed By:
Membership No:		