



APPLICATION FOR MEMBERSHIP

Name.....

Address.....

.....

Telephone.....Mobile.....

Email.....

Previous croquet club (if applicable)

Nominated by.....

Seconded by.....

NEXT OF KIN / EMERGENCY CONTACT

Name.....

Address.....

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Telephone.....Mobile.....

I agree to abide by the rules of the Rangiora Croquet Club:

Signature.....Date.....

I agree to have my contact details circulated to Rangiora Croquet Club members Yes/No

