BENDIGO EIGHTBALL Inc.

Application for Membership

Applicant’s Name:

Applicant’s Email:

Applicant’s Contact No.:

I wish to nominate for the following competition:

Monday [ ]  or Wednesday [ ]

*(please indicate season)*

Summer Season [ ]  or Winter Season [ ]

Team Name: Division:

Playing fee for this season is $40 for the season, unless you have paid a competition fee in the other comp in which case it is $20.

If playing in another current competition this season (provide details):

Team Name: Division:

Fees must be paid by direct deposit into the Association bank account.

I agree to abide by the purposes and the rules of the Association [ ]

I have completed the Player Competition payment. [ ]

*Please Note: Applications will not be accepted without this payment.*

 *Payments must be paid by direct debit into the Association’s bank account.*

*Details can be found on the website at bendigocuesports.com.au*

\* Completed form must be emailed to the Association Secretary at cveabsecretary@gmail.com