

APPENDIX 1

APPLICATION FOR PARENT MEMBERSHIP OF WALLAN BASKETBALL INC.

I (name) _____

Of (postal address) _____

Email: _____

Phone: _____

being the parent/guardian of the junior player or official, desire to become a Parent Member of Wallan Basketball Inc to represent the junior player/official named below.

Name of junior player/official: _____

Agreement and Signature:

By signing below, I hereby apply for parent membership to Wallan Basketball Inc. In the event that my admission as a parent member, I agree to abide by the rules and regulations set forth by the association.

I agree to follow the values of the Association as outlined.

I agree to be bound by the Basketball Victoria Codes of Conduct as amended from time to time.

Signature of Applicant

Date / /

For Association Use Only:

Date Received: _____

Membership Fee Paid: _____

Approved By Board/Committee on: _____

Membership Number: _____