



Keilor Basketball Association - Application for Membership

I,
of (address)
(suburb) (postcode)
(email) (phone)

apply to become a member of the Keilor Basketball Association Inc.

I declare that I am over 18 years of age and my application for membership of the Association is based upon the following interests (Please provide information for evaluation by the Committee that shows your interest in the sport, the region, or the governance of the Association). By listing my email address above, I provide my agreement to receive KBA notices via email.

In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant:

Date:..... *Fee enclosed: \$3*

I,, a member of the association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer:

Date:

I,, a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of Seconder:

Date:

Completed form must be lodged with Secretary or KBA Office not less than Seven (7) Days prior to scheduled General Meeting

Date Received: