



CLUB MEMBERSHIP FORM

Membership Form must be completed annually and forwarded to the Secretary at or before the first Committee Meeting in February. Membership will not be granted if this Form is not signed, unreadable or incomplete in any way.

Club Name: _____

Competition Venue Address: _____

_____ Post Code: _____

Competition Venue Phone: _____ Fax: _____

Club Email Address: _____

Number of Tables available for Match Play: _____ Size: _____

Team Name: _____ Division: _____

Team Name: _____ Division: _____

Team Name: _____ Division: _____

Team Name: _____ Division: _____

Team Name: _____ Division: _____

Have you played in the DDPL before: Yes No

Year last played: _____

I confirm the details on this Membership Form are true and correct and agree to abide by the Constitution and By-Laws of the Dandenong and District Pool League Inc.

Club President (Name): _____

Signature: _____ Date: _____
