



TEAM NOMINATION FORM

Membership Form must be completed annually and received by the Secretary of the league before the 14th of February. Membership will not be granted if the Clubs' Accounts are in arrears or if this Form is not signed, unreadable or incomplete in any way.

Club Name: _____

Competition Venue Address: _____

Suburb: _____ Post Code: _____

Competition Venue Phone: _____ Fax: _____

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

Club Admin: _____ Rego No. _____

Mobile Phone: _____ Division _____

Email Address: _____

Premier Club User: _____

Mobile No: _____ Rego No: _____

Division One Club User: _____

Mobile No: _____ Rego No: _____

Division Two Club User: _____

Mobile No: _____ Rego No: _____

Division Three Club User: _____

Mobile No: _____ Rego No: _____

Division Four Club User: _____

Mobile No: _____ Rego No: _____

We 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: _____

EXECUTIVE USE ONLY

Date Received: _____ Received By: _____

Date Created Online: _____ Created By: _____