



# Associate Membership Form

<b>Surname</b>			
<b>Given Name</b>			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Address</b>			
<b>Suburb</b>		<b>Post Code</b>	
<b>Mobile Number</b>		<b>Phone Number (AH)</b>	
<b>Email Address</b>			
<b>Occupation</b>			
<b>Working with Children Details</b>	Card Number:	Expiry Date:	
<b>Membership Type</b>	<input type="checkbox"/> Associate (Single)		<input type="checkbox"/> Associate (Family)

I, ..... [insert Full name]  
 acknowledge that if my application for membership is accepted, I will be bound by and agree to comply with the constitutions, regulations and policies of the Eltham Lacrosse Club (Inc).

<b>Signature</b>		<b>Date</b> / /
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**Notes:**

1. This form is to be used when the applicant is a 'Non-Player' and 18 years or older.
2. EACH applicant for Associate Membership is required to complete and sign an Eltham Lacrosse Club Associate Membership Form.

Administrative use only:

Date received: ...../...../.....

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Secretary