

Date

Committee Membership

Application Form

Atherton Basketball Association Inc

ATHERTON	Date received	Date accepted Entered member		nembers register
	Secretary's signature			
Return this form	n			
In person to Club S	ecretary or email c	athertonbasket	oallassociation@	gmail.com
About you				
Name			I am a parent / g	uardian / carer.
Address			I am an ABA playe	er.
Mobile			I am a volunteer, i helping the club.	nterested in
Widelie			I am applying for	a new membership
Phone			I am renewing my	/ membership
Email				
apply for membership	o of Atherton Basketbal	l Association Inc	. and I undertake t	O:
Basketball AssociatComply with AthertonBasketball Australia	on Basketball Association P is Member Protection P ue card or apply for one	on Inc Constituti olicy and Basket	on including the Co ball Queensland's	ode of Conduct, By-Laws;
Your sign off				
Signature				