



APPLICATION FOR MEMBERSHIP

I apply to be admitted as a member of the Latrobe Valley Eight Ball Association Inc. I have completed this form and by signing below acknowledge that I understand and agree to the terms and conditions of the Latrobe Valley Eight Ball Association Inc.

A copy of the Association's terms and conditions is available on our website under the *Rules* tab at lveba.com.au. Please read them carefully and take note of Constitution Rule 7. **Eligibility for Membership** for the requirements for membership. The Committee reserves the right to refuse an application for membership in their absolute discretion without giving any reason(s).

Signature.....

Date...../...../20.....

Please note all fields are important and is a legal requirement for an applicant to complete.

PLEASE PRINT CLEARLY

Team.....

Title (Mr/Mrs/Ms/Miss/Other).....

First Name

Surname

Street Address

Suburb..... Postcode.....

Postal Address

Suburb..... Postcode.....

Telephone: Home Mobile.....

Email

Membership

LV8BA \$5 + Pool Vic \$7 = \$12

Proposer **Team**.....

a current member of the Association, who knows the applicant personally, must nominate the applicant for membership.

Signature..... **Date**...../...../20.....

Seconder **Team**.....

a current member of the Association, who knows the applicant personally, must nominate the applicant for membership.

Signature..... **Date**...../...../20.....

All application forms must be lodged with the Secretary of the Association either in person, via the league drop box, at a meeting or by mail. The Association's postal address is:

Latrobe Valley Eight Ball Association
The Secretary
PO Box 740
Traralgon
VIC **3844**