



## PLAYER RENEWAL APPLICATION FORM

AWDDA P.O.Box 1383 Albury 2640

awdda.org.au

**PLEASE PRINT FULL NAME & ADDRESS BELOW:**

**NAME:** \_\_\_\_\_

**PHONE:**      **Home:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Work:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POSTCODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NOMINATED CLUB:** \_\_\_\_\_

**NOMINATED TEAM:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_

\*\*\*\*\*

(Please Tick the appropriate box)

**FULL YEARLY MEMBERSHIP:** ☐

**AMOUNT TENDERED:**      \$.....

**(MONEY MUST ACCOMPANY THIS FORM)**

\*\*\*\*\*

**PLEASE READ CAREFULLY BEFORE SIGNING:**

**DECLARATION:**

1. *I hereby agree to permit any or all of the above details to be kept on all necessary registrars for the use of the A.W.D.D.A. (Inc)*
2. *I understand that this information will only be used for and by the A.W.D.D.A. (Inc) and not for or publication.*
3. **I ALSO AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE A.W.D.D.A. (INC).**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\*\*\*\*\*

**Office use only.**

**DATE PAID :** \_\_\_\_\_

**AMOUNT RECEIVED:** \_\_\_\_\_

**RECEIPT No:** \_\_\_\_\_

**REGISTRATION No:** \_\_\_\_\_

**Treasurer Signature:** .....