



NEW PLAYER APPLICATION FORM

AWDDA P.O. Box 1383 Albury NSW 2640

awdda.org.au

PLEASE PRINT FULL NAME & ADDRESS BELOW:

NAME: _____

PHONE: Home: _____

Work: _____

ADDRESS: _____

POSTCODE: _____

EMAIL: _____

NONINARED CLUB: _____

NOMINATED TEAM: _____

DIVISION: _____

(Please Tick the appropriate boxes)

Have you previously been a member of the AWDDA ? Yes ☐ No ☐

MEMBERSHIP FEE:

AMOUNT TENDERED: \$.....

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:.....