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Associate Membership Application

I _____ the applicant) _____
 FIRST NAME SURNAME DATE OF BIRTH

of _____
 RESIDENTIAL ADDRESS

 POSTAL ADDRESS

 TELEPHONE MOBILE EMAIL ADDRESS

Parent / Guardian of _____ (if applicable)
 CHILD FIRST NAME CHILD SURNAME

 CHILD'S TEAM / CLUB CHILD'S LBI / BQ REGISTRATION NUMBER

wish to join LBI because _____
 and do hereby apply for associate membership of Logan Basketball Incorporated.

In applying for associate membership of Logan Basketball Incorporated I acknowledge that I am over the age of eighteen and the information contained above is correct and I hereby agree to abide by the rules, by-laws, policies and code of conduct of Logan Basketball Incorporated.

Signed by the applicant _____
 SIGNATURE DATE

Fee - \$2 per annum, payable with application

Privacy Statement. This information is collected for basketball administration, communication and planning purposes. Except for legitimate basketball reasons (eg Basketball Queensland) your personal information will not be disclosed to a third party without your consent, unless authorised or required by law, in accordance with the Privacy Act.

Your application must be supported by **two** current financial members:

1. Member name _____ Signature: _____
2. Member name _____ Signature: _____

Office Use Only	Received / /	Accepted Rejected / /	Advice Sent / /	\$2 Fee Paid / /
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