

# RE-REGISTRATION PLAYER FORM (FORM 2)

USE ONLY FOR THOSE PLAYERS WHO ARE RE-REGISTERING AFTER MEMBERSHIP HAS LAPSED MORE THAN 60 DAYS.

**PLEASE PRINT ALL INFORMATION CLEARLY**

CLUB YOU ARE RE-JOINING: \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

GIVEN NAME/S \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN / CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

CONTACT PHONE NOS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ (year only if wished)

I AGREE TO ABIDE BY THE ASSOCIATION'S PLAYER CODE OF CONDUCT

Player / guardian signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- ◆ Print Landscape Orientation
- ◆ Please photocopy for your club files
- ◆ Keep emergency contact details for this player at your club.
- ◆ CAQ will not provide this information to other sources, except for statistical purposes

Female Please tick  NEW ID Card Request

Male

OCCUPATION (if retired please state previous occupation)

\_\_\_\_\_

\_\_\_\_\_

## CAQ OFFICE USE ONLY

Received at Office	
CAQ Treasurer	
Date Forwarded	

## CAQ REGISTRATION OFFICER TO COMPLETE

Previous National Member No	
Form Rec	
Processed	
State Handicapper	
Card Posted to Club only on request	
Form returned to Office	

## CLUB SECRETARY TO COMPLETE:

Affiliation fee paid \$

Payment method:

DIRECT DEBIT: (Please submit name of applicant DD)

Bank of Queensland	BSB 124 070	10010114
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CHEQUE ENCLOSED: YES / NO Cheque Number: \_\_\_\_\_

CLUB SECRETARY SIGNATURE

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Discipline PLAYED please tick)

- Association Croquet
- Gateball
- Golf Croquet
- Ricochet



Signature Reg Officer:

\_\_\_\_\_