

# DELISTING PLAYER FORM (FORM 6)

USE FOR MEMBERS WHO HAVE RESIGNED AND FOR THOSE WHOSE MEMBERSHIP HAS LAPSED MORE THAN 60 DAYS.

**PLEASE PRINT ALL INFORMATION CLEARLY**

CLUB JOINED: \_\_\_\_\_

NATIONAL PLAYER ID NUMBER: \_\_\_\_\_

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

REGION \_\_\_\_\_

DATE OF LEAVING \_\_\_\_\_

Signature Club Secretary: \_\_\_\_\_

REASON FOR DELISTING, please tick box

<input type="checkbox"/> Age (retiring)	<input type="checkbox"/> Illness
<input type="checkbox"/> Travelling	<input type="checkbox"/> Deceased
<input type="checkbox"/> Moving residence	<input type="checkbox"/> M'ship lapsed past 60 days
<input type="checkbox"/> Non-renewal m'ship	<input type="checkbox"/> Unspecified
<input type="checkbox"/> Other	

Signature/s Secretary \_\_\_\_\_

(2 to sign) Treasurer \_\_\_\_\_

Member Resigning (if applicable) \_\_\_\_\_

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

- ◆ Print Landscape Orientation
- ◆ Please photocopy for your club files
- ◆ CAQ will not provide this information to other sources, except for statistical purposes

Female  Male Please tick

**OCCUPATION** (if retired please state previous occupation)

\_\_\_\_\_

\_\_\_\_\_

**DISCIPLINE PLAYED** (please tick)

Association Croquet

Gateball

Golf Croquet

Ricochet

## CAQ OFFICE USE ONLY

Received at Office	
CAQ Treasurer	.....
Date Forwarded	

CAQ REGISTRATION OFFICER TO COMPLETE

National Member No	
Form Rec	
Processed	
State Handicapper	
Form returned to Office	



Signature Reg Officer: \_\_\_\_\_