

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 IN
BLACK CAPITALS**

CLUB YOU ARE RE-JOINING: _____

PREVIOUS CLUB: _____ **ACA ID No.** _____

FAMILY NAME: _____

GIVEN NAME/S: _____

STREET ADDRESS: _____

TOWN/CITY: _____ POSTCODE: _____

CONTACT PHONE NOS: _____

EMAIL ADDRESS: _____

YEAR OF BIRTH: _____ Female Male Under 21

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

Player/Guardian Signature _____ Date: ___/___/___

CLUB SECRETARY TO COMPLETE:

Capitation fee paid \$ _____ Payment Method:
either **Electronic Funds Transfer** (EFT) to CAQ's bank account

or **CHEQUE ENCLOSED: YES/NO** Cheque NO.: _____

CLUB SECRETARY'S SIGNATURE

_____ Date: ___/___/___

CLUB SECRETARY TO NOTE

- Retain a photocopy for your club files.
- Keep emergency contact details for this player at your club.
- CAQ will not provide personal information to other sources, except for statistical purposes.

OCCUPATION (Optional)

(If retired please state previous occupation)

DISCIPLINE PLAYED with current

Handicap, if available (please tick)

Association Croquet

Gateball

Golf Croquet

Ricochet

CAQ OFFICE USE ONLY

| | |
|---------------------|--|
| Date Money Received | |
| Amount Received | |
| Date Form Received | |
| CAQ Treasurer | |
| Date Forwarded | |

CAQ REGISTRATION OFFICER NOTES

ACA ID Number

Player to Archives

Card Posted Date _____