



PO Box 42605 Casuarina

Application for Membership

Post to PO Box 42605 Casuarina or email: volleyballnt@gmail.com

I hereby apply for membership with Volleyball Northern Territory Inc.

Initial Membership

Renewed Membership

Suffix: (Mr, Mrs, Ms etc)	First Name:	Second Name:
Address: Street Name:		
Suburb:		Postcode
Phone Business Hours		After Hours/Mobile Phone
Email Address:		
Reason for application;		
Signed:		Date:

Management Committee Only		
Date of Management Committee Meeting Application presented: ____/____/____		
Application Status :	Accepted	Rejected
Chairperson signature: _____		
Membership Expires: ____/____/____		