



**STANLEY BAY PETANQUE CLUB (Inc)**  
**stanleybaypetanque@gmail.com**

**APPLICATION FOR MEMBERSHIP**

Full Name: .....

Address: .....

Phone: .....

Email: .....

**Please tick your membership preference: Membership Year (01/05/25 - 30/4/26)**  
**(pro-rata if not full playing year)**

- |   |          |
|---|----------|
| <input type="checkbox"/> Petanque member (includes voting rights)                             | \$200 *  |
| <input type="checkbox"/> Assoc Petanque member (member of another club)                       | \$60     |
| <input type="checkbox"/> Junior Petanque member (under 16 years of age)<br>(no voting rights) | \$100    |
| <input type="checkbox"/> General membership (with voting rights)                              | \$175 ** |
| <input type="checkbox"/> General membership (no voting rights)                                | \$100 ** |

**Please note: If you are unable to provide a nomination by a club member with at least six months membership then we ask you to comply with the following:**

- \* Before your application is processed you must attend two sessions of Petanque.
- \*\* Before your application is processed you must attend the club at least once.  
(Should you have difficulty meeting the above, please let us know so we can make alternative arrangements)

When your application has been approved by the Committee, details will be sent to you about how to pay the fees direct to the club bank account.

Signed: ..... Date: .....

Nominated by: .....(Name and Signature)

Seconded by: .....(Name and Signature)

Approval date: .....Signed: .....