



# Membership form

## Member Details

First name \_\_\_\_\_

Surname \_\_\_\_\_

Mobile \_\_\_\_\_ D.O.B \_\_\_\_\_

Email \_\_\_\_\_

QLD No. \_\_\_\_\_

Club \_\_\_\_\_

Team \_\_\_\_\_

Occupation \_\_\_\_\_

Address: \_\_\_\_\_

## Emergency Contact Details

First name \_\_\_\_\_

Surname \_\_\_\_\_

Mobile \_\_\_\_\_ Other \_\_\_\_\_

### Statement:

I acknowledge that as a member of Wynnum & Districts Darts Club I will do my best to assist the CLUB to grow & prosper for the benefit of all members. If I need reminding of the Club's values & my obligations, I accept that they are for mine & my fellow member's benefit and I will treat the members & their appointed committee with the upmost respect.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2021