

Sandy Bay Croquet Club, Inc.

NEW MEMBER NOMINATION FORM

Name of Applicant: _____

Address: _____

Phone: _____

Email: _____

Last or current Club of Membership: _____

Full Member

Associate Member

Social

Proposed by: _____

Seconded by: _____

Date: _____

Applicant's Signature: _____

Date elected to the Club: _____

Date entered onto Club Register of Members: _____