



## CLUB MEMBERSHIP APPLICATION

Club Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_

### Contact Person(s) at club:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Annual membership is \$75  
Please make cheque payable to "Croquet Canada"

Mail this application along with cheque to: Croquet Canada  
c/o Chris Loat  
3 Queen Mary Dr.  
St. Catharines, Ontario  
L2R 2J3  
Canada