



THE POLOCROSSE ASSOCIATION OF AUSTRALIA INC.

Reciprocal Club Membership

Members wishing to participate in Reciprocal Club Membership must complete this form and submit to the NEO 5 working days prior to playing.

NOTATION:

Any player suspended from play will be considered as suspended in all states.
Your reciprocal club membership is for playing Club polocrosse only.
One reciprocal membership per player per calendar.

NAME:

ADDRESS:

PHONE NO: **EMAIL:**

CLUB REGISTERED WITH: **MEMBERSHIP NUMBER:**

RECIPROCAL CLUB:

DATES OF PLAY FROM: **TO:**

PLAYING HISTORY:

CURRENT GRADE PLAYED: **FROM:** **TO:**

UMPIRING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: **DATE OF ACCREDITATION:** **NOAS NUMBER:**

APPLICANTS CERTIFICATION: *I declare that all of the above information is true and correct. I hereby acknowledge that the Polocrosse Australia Personal Accident Insurance only covers me if this Form is signed and endorsed by my State and National Associations.*

.....
MEMBERS SIGNATURE

.....
DATE

DECLINE/APPROVE...(Please circle one)

CLUB RECOMMENDATION/COMMENTS:

.....

.....
Club President/Official **Date**

.....
State President/Official **Date**

.....
Polocrosse Australia President/Official **Date**

Cost \$10 per membership.

Please deposit into the following account;

PAA

Bendigo Bank; BSB 633 000

Account; 108 001 959

Reference; Name & Membership number