



# Northern Sydney and Beaches Hockey Association

## Membership Application Form

(For Affiliated Entities - Clubs or Associations)

Applicant (Club or Association)		
Date		
Contact	Name	
	Address	
	Email	
	Phone	
Authorisation	Name	
	Position	
	Signature	
No. of individual Members as registered with HNSW		

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Office Use:

Date of Registration			
Membership Number			
Authorisation			
Voting Rights (Tick the Box)			
<input type="checkbox"/> 1 Vote	<input type="checkbox"/> 2 Votes	<input type="checkbox"/> 3 Votes	

Please sign and return completed form to:

[secretary@nsbhockey.com.au](mailto:secretary@nsbhockey.com.au)