



Bayside Pickleball Club Inc.

Application for Membership

Welcome to Bayside Pickleball Club Inc.

We love growing our local sports community. We give **joining preference to residents** of the Bayside area.

To apply for membership, complete this form and email it to info@melbournebaysidepickleball.au

Important Insurance Requirement: To play with us, you must also be a member of **Pickleball Victoria**. This ensures you are fully covered by player insurance. You can join or renew online via the Pickleball Victoria Registration Portal.

| Personal details | | | |
|---|--|-------|----------|
| Full name | _____ | | |
| Date of Birth <i>(Required for age-group events)</i> | ____ / ____ / ____ | | |
| Residential Address | _____ | | |
| | Suburb | _____ | Postcode |
| | | _____ | _____ |
| Contact Details | | | |
| Phone Number | _____ | | |
| Email address | _____ | | |
| Emergency Contact Name | _____ | | |
| Emergency Contact Phone Number | _____ | | |
| Pickleball Experience | | | |
| Your skill level <i>(select one)</i> | <p>Newcomer: I have never played or I am just starting out</p> <p>Beginner: I know the basic rules and can keep a short rally going</p> <p>Intermediate: I can control my shots and play strategically</p> <p>Advanced: I play at a high competitive level</p> | | |
| Previous Club Affiliations | _____ | | |
| Pickleball Victoria Member Number <i>(You must provide this before your club membership is approved)</i> | _____ | | |
| Declaration & Signature | | | |
| I wish to become a member of Bayside Pickleball Club Inc. I support the purposes of the association. I agree to comply with the rules and bylaws of the club. I confirm that I am a current member of Pickleball Victoria for insurance purposes. | | | |
| Signature | _____ | | |
| Date | ____ / ____ / ____ | | |