



**Maroochydore Eagles Basketball Association Inc.
Trading as Suncoast Clippers**

Membership Application Form 2025

Personal Details:

First Name:	Surname:
Address:	
Phone:	Email:

Select type of membership (12 months):

- Parent of U18 player in the current Suncoast Clippers competition
- Suncoast Clippers Player over 18 years
- Suncoast Clippers Volunteer in past 12 months
- Legal Guardian of U18 player in the current Suncoast Clippers competition

Emergency Contact:

First Name:	Surname:
Relationship:	Phone:

By applying to be a member of the Maroochydore Eagles Basketball Association Inc. (trading at Suncoast Clippers), I agree to always act in the best interest of the club and abide by the Basketball Queensland Code of Conduct. This membership will not be valid until payment is received and the application form has been presented to the Management Committee and approved.

Signed:.....

Date:/...../2025

OFFICE USE ONLY:

Payment Received: YES / NO

Membership Start:/...../2025

Membership End:/...../2025

Authorising Officer Signature:.....

Application Approved: YES / NO