CLUB MEMBERSHIP APPLICATION FORM



Membership Num	nber:			
First Name: Address: State:			Surname: Suburb: Postcode:	ate of Birth: / /
Email:				ov Contact No.
Relationship to y	ou:		OR Conta	cy Contact No: act Ambulance YES/NO (please circle
Type of Members	ship: 1 Ye	ear \$5.50 3	Years \$15 5 Years	s \$22 Perpetual \$110
(Membership yea	ar runs from 1st .	January to 31st	December)	
Are you Ex Servi	ce or a current s	serving defence	e member?	es or No
Meeting Notice v	vill be posted or wnload from ou	n our website, F r website or yo	acebook and where	RSL Club Limited Annual General possible via email. The Annual Repove a copy of the report via post by
Do you wish to r	eceive a copy o	f the following	:	
Annual General N	Meeting Notice	Email	Mail	
Annual Report	Email	Mail		
Promotions	Email	Mail		
OR Please take me o	off the mailing lis	t Yes		
Note * Membersh	nip Renewal auto	omatically ema	iled unless email not	: available.
Date Submitted			Signature	e of Applicant

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OFFICE USE ONLY

Membership Number:		Receipt Numb	Receipt Number:					
Date:/		Amount Paid:	Amount Paid: \$					
Number of Years: 1 Year	3 Years	5 Years	Perpetual					
Payment Method: Cash EFT Cheque								
Type of Identification								
Drivers Licence Ph	oto Card	Birth Certifica	ate	Passport				
Identification Number:								
Expiry Date:	State of Is	sue:						
Checked by:	Dato:							