



Membership No. _____
Board Meeting Date _____

MEMBERSHIP APPLICATION

The following information is required under Sections 30(2)(i) and 31(1)(a) of the Registered Clubs Act and must be completed before we can process your application for membership.

Status: Mr Mrs Miss Ms Other _____

Name: _____

Address: _____

_____ State _____ Postcode _____

Postal Address _____

(FULL POSTAL ADDRESS IF DIFFERENT FROM ABOVE OR "AS ABOVE")

Date of Birth _____ Phone _____

(HOME/ MOBILE OR BOTH)

Next Of Kin _____

Relationship _____ Phone _____

Please tick box if you require a paper copy of our annual report posted to you – or a full copy can be obtained from our website. www.muswellbrookrsl.com.au, or by request from the office.

Membership Period:	<input type="checkbox"/> 1 year - \$4.00	<input type="checkbox"/> 3 years - \$8.00
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I certify that I am over the age of 18 years and I request that you enter my name on the Register of Members as a Full or Associate Member of Muswellbrook RSL Club Limited. I agree to be bound by your Club's Constitution, Regulations and By Laws that are from time to time in force.

Signature: _____	Date: _____
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(SIGNATURE OF PROPOSER)

(SIGNATURE OF SECONDER)

(PRINT NAME IN FULL & M/SHIP NO.)

(PRINT NAME IN FULL & M/SHIP NO.)

(DATE)

(DATE)

STAFF USE ONLY

Type of I.D Sighted & Number. _____	Staff Sighting I.D. _____
Receipt No. _____	EBET/TITO Input By & Date _____