



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.

**(PLEASE PRINT LEGIBLY)**

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)

Email Address \_\_\_\_\_

**EBET CARD-IT ENABLED YES / NO**

IF "YES" PLAYER IS TO READ – INFORMATION FOR PLAYER ACCCOUNT CARDS LEAFLET

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](http://www.muswellbrookrsl.com.au), or by request from the office.

**Membership Period: [ ] 1 year - \$6.00 [ ] 3 years - \$12.00**

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. I have also read and agree to the laws of player account card activation, **IF** card is activated.

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 Input By & Date _____