



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

<b>Membership Period:</b>	<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 _____