



MEMBERSHIP APPLICATION

1 YEAR \$5 **3 YEARS \$15** **5 YEAR \$20**
OR PAY BY POINTS OR PAY BY POINTS OR PAY BY POINTS

MR MRS MS MISS

FIRST NAME

SURNAME

DATE OF BIRTH

LANGUAGE SPOKEN

HOME ADDRESS

SUBURB STATE POSTCODE

MOBILE

EMAIL

OCCUPATION

I herby apply to become a Social Member of Cabra-Vale Ex-Active Servicemen's Club Ltd. I request you to enter my name on the Register of Members accordingly and I agree to be bound by the Memorandum and Articles of Association and any rules, regulations and by laws of the Club. I agree to receiving promotional material regarding what is happening in the club.

Do you wish to receive the Annual Report: YES NO

Preferred Method of Contact: SMS EMAIL MAIL

I agree to receiving gaming information: YES NO

Signature: Date:

OFFICE USE ONLY: MEMBERSHIP NO.

ID TYPE: DLicence Passport Photo Card No.

DATE PROCESSED: BUNDY NO.

RECEIPT NO: