

SOCIAL MEMBERSHIP APPLICATION

MEMBERSHIP CLASS – PLEASE TICK

SINGLE | \$40

FAMILY | \$60

SENIOR/CONCESSION | \$40

PERSONAL DETAILS

Mr/Mrs/Miss/Ms Surname: First Name: DOB:

Home Address: PC:

Postal address (if applicable):

Phone: Email:

FAMILY MEMBERSHIP DETAILS

Spouse / Defacto:

Mr/Mrs/Miss/Ms Surname: First Name: DOB:

Children:

Surname: First Name: DOB:

Surname: First Name: DOB:

PAYMENT METHOD

CASH

CHEQUE

VISA

MASTERCARD

Credit card number:

Expiry Date: CVV Number:

Name on card: Signature:

OFFICE USE ONLY

Form received: Amount received:

Receipt no: Payment method: