



MEMBERSHIP APPLICATION

1 YEAR \$5
OR PAY BY POINTS

3 YEARS \$15
OR PAY BY POINTS

5 YEAR \$20
OR PAY BY POINTS

MR

MRS

MS

MISS

FIRST NAME

SURNAME

DATE OF BIRTH

LANGUAGE SPOKEN

COUNTRY OF BIRTH

HOME ADDRESS

SUBURB

STATE

POSTCODE

MOBILE

EMAIL

OCCUPATION

I hereby 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: