



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS WITH PEN ONLY
ALL PARTS OF THE FORM MUST BE COMPLETED FOR VALID MEMBERSHIP

MR MRS MISS MS OTHER (CIRCLE)

GIVEN NAME/S _____ SURNAME _____

FULL ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

POSTAL ADDRESS IF DIFFERENT FROM ABOVE _____

SUBURB _____ STATE _____ POSTCODE _____

PHONE NO. HOME (0) _____ DATE OF BIRTH / / _____

MOBILE (04) _____ EMAIL _____

OCCUPATION _____

I DO NOT WISH TO RECEIVE INFORMATION FROM CENTRAL ABOUT ITS OFFERS & PROMOTIONS

ARE YOU A MEMBER OF ANY OF THE BELOW:

- | | | |
|---|---|--|
| <input type="checkbox"/> CENTRAL SENIORS RLFC | <input type="checkbox"/> CENTRAL CRICKET CLUB | <input type="checkbox"/> CENTRAL SOCIAL GOLF |
| <input type="checkbox"/> CENTRAL JUNIORS RLFC | <input type="checkbox"/> KAHIBAH FC | <input type="checkbox"/> DUDLEY REDHEAD RLFC |
| <input type="checkbox"/> CENTRAL NETBALL | <input type="checkbox"/> LEGGY POINT BR | <input type="checkbox"/> NDCUA |
| <input type="checkbox"/> C/TOWN NETBALL ASSC | <input type="checkbox"/> JAZZ CLUB | <input type="checkbox"/> PROBUS CLUB |
| <input type="checkbox"/> BINGO | <input type="checkbox"/> CENTRAL SUMMER TOUCH | |

I WOULD LIKE TO APPLY FOR A:

- 1 YEAR (\$5.50) 3 YEARS (\$15.00)
 5 YEARS (\$25.00) PERPETUAL (\$80.00)

I WOULD LIKE TO OPT OUT OF MY REWARDS

I HEREBY CERTIFY THAT I AM OVER THE AGE OF 18 YEARS. I ACCEPT THE NOMINATION HERE UNDER AND AGREE IF ELECTED TO MEMBERSHIP TO BE BOUND BY MEMORANDUM AND ARTICLES OF ASSOCIATION AND ANY RULES, REGULATIONS OR BY-LAWS OF THE CLUB FROM TIME TO TIME IN FORCE.

APPLICANT'S SIGNATURE _____

DATED / / _____

(FOR OFFICE US ONLY)

DATE PAID _____ / _____ / _____ RECORDED IN SENPOS CASH RECEIPT NO _____
MEMBERSHIP NO. _____ EFTPOS PROCESSED BY _____ INT
CALENDAR RECEIVED _____ ID TYPE & NO. _____ EXP DATE _____ / _____ / 20 _____