

APPLICATION FORM

1. Membership Type

I am applying for (please tick appropriate box):

Individual Residential Membership Family Non-Residential Membership Defence

2. Activation Date: _____ (dd/mm/yy)

3 (a) Individual Applicant Personal Details

Full Name (1): Mr/Mrs/Ms/Miss _____ D.O.B. _____
(dd/mm/yy)

Residential Address: (street address, city, state and post code – not PO Box) _____

Postal Address: (if different to residential address): _____ Email: _____
Home Phone: _____ Work: _____ Mobile: _____ Fax No: _____

Drivers Licence No. (1): _____

3 (b) Declaration and Signature – Individual Applicant

I certify that the information in this form is true and correct. I acknowledge that I have read the Rules set out in the Membership Information Package. I agree to be bound by the Rules and to ensure that my guests behave appropriately and obey the Rules.

Signature: Date:

4 (a) Family Applicant/s Personal Details

Adult Name (1): Mr/Mrs/Ms _____ D.O.B. _____
(dd/mm/yy)

Adult Name (2): Mr/Mrs/Ms _____ D.O.B. _____

Child Name (1): Mr/Miss _____ D.O.B. _____ Child Name (2): Mr/Miss _____ D.O.B. _____

Residential Address: (street address, city, state and post code – not PO Box) _____

Postal Address: (if different to residential address): _____

Home Phone: _____ Work: _____ Mobile: _____ Fax No: _____

Drivers Licence No. (1): _____

Drivers Licence No. (2): _____

Are you a permanent Australian resident? (please circle) (1): Yes / No (2): Yes / NO

4 (b) Declaration and Signature – Family Applicants

I certify that the information in this form is true and correct. I acknowledge that I have read the Rules set out in the Membership Information Package. I agree to be bound by the Rules and to ensure that my guests behave appropriately and obey the Rules.

Adult (1) Signature: Date: Adult (2) Signature: Date:

