

Receipt No

Office Use Only



Membership No

Office Use Only

Application for 5 Year Membership
01/01/2022 to 31/12/2026
\$22.00 includes GST

Date Submitted: _____
Paid \$ _____

All Membership Points must be redeemed by **30 June every year** or they will be forfeited

Please tick box if you do not wish to receive SMS or email messages

Mr. Mrs. Miss. Ms. Dr. (Please Circle One)

I _____ (Given Name) _____ (Surname)

Address _____
_____ (Full Postal Address)

Telephone () _____ (Home) () _____ (Work)

() _____ (Mobile) _____ (email)

My Occupation is _____ and I hereby apply for membership to the Wauchope RSL Club Limited.

I am _____ (Age), _____ (Date of Birth)

I request you to enter my name in the register of members as an Associate Member of the Club and I agree to be bound by your Constitution, Rules and By-Laws or Regulations of the Club.

Dated this _____ Day of _____ Year _____

State if present or past member if any other club _____

Signature of Applicant _____

I propose _____ who has been known to me for _____ years.

From my personal knowledge I consider the above nominee to be an eligible member in every way.

Signature of Proposer _____

Printed Name _____

Membership No. _____

I second the above nomination _____ has been known to me for _____ years.

From my personal knowledge I consider the above nominee to be an eligible member in every way.

Signature of Proposer _____

Printed Name _____

Membership No. _____

Membership fee must be lodged with this application

A photo is required to be taken before new membership card can be allocated.

Bottle Shop hours Mon – Sun 11.30am – 9.00pm

Please tick box if you wish to receive the Annual Financial Report via mail (if box is left empty no report will be posted)
Financial Reports will be available from the Office or for viewing on the Club Web Site

www.wauchopersl.com.au

Acceptable Forms of Identification

Either: Photo ID

- 1. Current Drivers Licence**
- 2. Current Passport**

Both:

- 1. An original or certified copy of a Birth Certificate**
- 2. An original or certified copy of A.T.O Assessment Notice (less than 12 months old)**

Identification Sighted

Passport: No.....

Expiry Date.....

Drivers Licence: No.....

Expiry Date.....

Birth Certificate: No.....

A.T.O Assessment: Date.....

Rates, Electricity No.....

Or Telephone A/C

Date.....