



Application for Associate Membership

TITLE: MR MRS MS MISS DR

SURNAME: _____
(Please use Block Letters)

OTHER NAMES: _____

SIGNATURE: _____ DATE: _____

DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____
_____ POSTCODE: _____

POSTAL ADDRESS: _____
_____ POSTCODE: _____

TELEPHONE (H) _____ (W) _____

(MOBILE) _____

E MAIL ADDRESS: _____

OCCUPATION : _____

LOCATION OF BUSINESS: Chatswood Other _____

(I wish to become a Member of The Chatswood Club Limited and, if accepted, I hereby agree to be bound by the Articles of Association and Regulations of the Club and the Chatswood Club Privacy Policy and any future amendments thereto.)

If you wish to receive a copy of the club's Annual Report please tick one of the boxes below:

Please send the report by mail Please send me the report by email

	1 year	3 years	5 years
Associate Membership	\$5	\$15	\$25
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on card	Signature _____		

OFFICE USE ONLY	
Membership Number _____	<input type="checkbox"/> Card given
Date received _____	
Payment _____	<input type="checkbox"/> To pick up

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