The Chatswood Club on Help Street

Application for Associate Membership

2010 membership runs from Jan - Dec 2010

TO PICK UP AT BAR ☐ **Yes** ☐ **No**

Please use BLOCK letters

TITLE: **MR** **MRS** **MS** **MISS** **DR**

SURNAME:_____ **OTHER NAMES:**_____

SIGNATURE:_____ **DATE:**____/____/____ **DATE OF BIRTH:**____/____/____

RESIDENTIAL ADDRESS:_____

_____ **POSTCODE:**_____

POSTAL ADDRESS:_____

_____ **POSTCODE:**_____

TELEPHONE (H)_____ **(W)**_____ **(MOBILE)**_____

E MAIL ADDRESS:_____

OCCUPATION:_____

Do you wish to receive information regarding promotions from the Chatswood Club via SMS & Email ☐ **Yes** ☐ **No**

(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 our Annual Report, please contact the office on the number listed below. The Annual Report is available to view at our club website www.chatswoodclub.com.au

Associate Membership ☐ **1 year $5.50** ☐ **3 years $16.50** ☐ **5 years $27.50**

☐ MasterCard ☐ Visa ☐ Cash ☐ Cheque

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date____/____/____

Name on card_____ Signature_____

OFFICE USE ONLY **POSTED:**____/____/____

MEMBERSHIP NUMBER:_____

DATE RECEIVED: ____/____/____ **CARD DONE:** ☐

PAYMENT:_____

ID SIGHTED AND CHECKED BY:_____

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