



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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