



Application for Full 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: _____

*FULL NAME OF PROPOSER: _____

*FULL NAME OF SECONDER: _____

SIGNATURE _____

SIGNATURE _____

BADGE NUMBER: _____

BADGE NUMBER: _____

**Must be a member with FULL membership for at least one year.*

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APPLICANTS SIGNATURE: _____ DATE: ____ / ____ / ____

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

Full Membership 1 year \$44 3 years \$110 5 years \$160

MasterCard Visa Cash Cheque

Card No. Expiry Date ____ / ____ / ____

Name on card _____ Signature _____

OFFICE USE ONLY CARD GIVEN:

EXHIBITED ON NOTICE BOARD ____ / ____ / ____

DATE OF MEETING ____ / ____ / ____

MEMBERSHIP NUMBER: _____ POSTED:

DATE RECEIVED ____ / ____ / ____ PAYMENT:

BOARD APPROVAL GIVEN BY: _____

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