



Membership No. _____
Board Meeting Date _____

MEMBERSHIP APPLICATION

The following information is required under Sections 30(2)(i) and 31(1)(a) of the Registered Clubs Act and must be completed before we can process your application for membership.

(PLEASE PRINT LEGIBLY)

Status: Mr Mrs Miss Ms Other _____
 Name: _____

Address: _____
 _____ State _____ Postcode _____

Postal Address _____
 (FULL POSTAL ADDRESS IF DIFFERENT FROM ABOVE OR "AS ABOVE")

Date of Birth _____ Phone _____
 (HOME/ MOBILE OR BOTH)

Email Address _____

Occupation _____

EBET CARD-IT ENABLED YES / NO

IF "YES" PLAYER IS TO READ – INFORMATION FOR PLAYER ACCCOUNT CARDS LEAFLET

Please tick box if you require a paper copy of our annual report posted to you – or a full copy can be obtained from our website.
www.muswellbrookrsl.com.au, or by request from the office.

Membership Period: [] 1 year - \$6.00 [] 3 years - \$12.00

I certify that I am over the age of 18 years and I request that you enter my name on the Register of Members as a Full or Associate Member of Muswellbrook RSL Club Limited. I agree to be bound by your Club's Constitution, Regulations and By Laws that are from time to time in force. I have also read and agree to the laws of player account card activation, **IF** card is activated.

Signature: _____	Date: _____
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 (SIGNATURE OF PROPOSER)

 (SIGNATURE OF SECONDER)

 (PRINT NAME IN FULL & M/SHIP NO.)

 (PRINT NAME IN FULL & M/SHIP NO.)

 (DATE)

 (DATE)

STAFF USE ONLY

Type of I.D Sighted & Number. _____	Staff Sighting I.D. _____
Receipt No. _____	EBET Input By & Date _____