

# Community Membership Application

Discover the benefits of being a member - it's so easy to join!

ASPLEY LITTLE LEATHLETICS CENTRE INC.

Simply complete this application form and return to the Member Services Office or mail with cheque to: **Membership Department**

Kedron-Wavell Services Club Inc,  
PO Box 107, Chemside South Old 4032

FULL NAME OF APPLICANT (BLOCK LETTERS PLEASE)

Surname	Given names	Title
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Current address

Phone (Optional) Mobile (Optional)

E mail Date of birth (Optional)

Payment method  Cash  Cheque  Credit Card Card Type  Visa  Mastercard  Bankcard  Amex

Card number Expiry

Card holder name Signature

I solemnly declare that the statements made in this application are to the best of my knowledge true and accurate in every particular. I hereby make an application to join Kedron-Wavell Services Club Inc. The sum of \$10.50 is tendered herewith, being my subscription fee for this present calendar year. I understand renewal of said subscription is due at 31st December each year

Signature of Proposer Membership No: \_\_\_\_\_

Signature of Seconder Membership No: \_\_\_\_\_

\*Must be Life or Financial Ordinary

- New 2 Year Membership \$20.00 inc. GST
- Please tick if you do not wish to be placed on the clubs mailing list to receive any further promotional offers.
- Please tick M you would like to receive a membership form to join Shawsportz Ltd.

<b>CHEQUE ONLY</b>	
Date of Application:	_____
Staff Signature:	_____
Receipt No:	_____
Membership No:	_____
Amount Paid	_____

