

AYR ANZAC MEMORIAL CLUB INC.

APPLICATION FORM

I wish to apply for membership of the Ayr Anzac Memorial Club Inc. as an
(Please tick) ORDINARY MEMBER

If eligible, you may additionally wish to apply for Membership of the
 RSL AYR-SUB BRANCH
(Additional forms are required please ask)

I declare that I am over 18 years of age and should my application be successful, I agree to abide by the RULES and BY-LAWS of the AYR ANZAC MEMORIAL CLUB INC. I acknowledge that I must sign the visitor's register for the next 30 days and that I cannot purchase takeaway alcohol or sign in guests until my application is approved.

TITLE **MR/MRS/MS** (Please Print)

First Name- _____ Surname - _____

Address – (Residential) _____

Postal - _____ Postcode- _____

Phone- _____ D.O.B.- _____

E-MAIL _____

Occupation _____

PROPOSED BY - _____ MEMBER NO- _____

SECONDED BY- _____ MEMBER NO- _____

Date Joined ___/___/ 20___ AMOUNT PAID \$ _____

SIGNATURE _____

All memberships expire in December each year.

Please remove me from the club's mailing list apart from essential notes.

OFFICE USE ONLY	
Receipt issued <input type="checkbox"/>	Membership No. issued _____
APPLICANT'S ID _____ NO: _____	

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