

SOCIAL MEMBERSHIP APPLICATION/RENEWAL 2023 PERSONAL INFORMATION Date of Birth: Name: Address: Post Code: Phone: Mobile: **Fmail address:** PRO/RATA MEMBERSHIP FEES Full Year \$10 Half Year \$5 Signature of applicant: Date: OFFICE USE ONLY Paid Y / N Receipt Number: Card Issued: Y / N Club Membership Number: **STAFF MEMBERS NAME:** SIGN: Membership List ☐ Email list ☐ Superdraw