IDENTIFICATION MUST BE PRODUCED AT THE TIME OF MAKING THIS APPLICATION (See over for acceptable forms of Identification)

Receipt No
Office Use Only



Memb	ership N	10
Office	e Use Only	

Application for 1 Year Membership 01/01/2025 to 31/12/2025

\$8.80 includes GST

Date Submitted:		
Paid	\$	

All Memb	pership Poin	ts must be red	leemed by 30	June ever	ry year	or they will	be forfeited
Plea	se tick box if y	ou do not wish to	receive	SMS	or	email m	iessages
Mr. Mrs. Mi	iss. Ms. Dr.	(Please Circle One)					
1		(Giv	en Name)				(Surname)
Address							
						(Full Postal Add	lress)
Telephone	<u>()</u>		(Home)	()			(Work)
	()		(Mobile)				<u>(email)</u>
My Occupation	on is				and I h	nereby apply	for membership
to the Wauch	ope RSL Club	Limited.					
I am	(Age	,			(Date of	Birth)	
I request you to enter my name in the register of members as an Associate Member of the Club and I agree to be bound by your Constitution, Rules and By-Laws or Regulations of the Club.							
Dated this		Day	of			Year	
State if prese	nt or past me	mber if any othe	er club				

Membership fee must be lodged with this application

A photo is required to be taken before new membership card can be allocated.

Bottle Shop hours Mon - Sun 11.30am - 9.00pm

Financial Reports will be available from the Office or for viewing on the Club Web Site

www.wauchopersl.com.au