



SWANSEA R.S.L. CLUB LTD

PO BOX 160, SWANSEA 2281
PHONE: (02) 4971 1329 FAX (02) 4971 2613

APPLICATION FOR MEMBERSHIP

MR
MRS.....
MISS (Surname) (Christian Names)

RESIDENTIAL
ADDRESS.....POST CODE.....

OCCUPATION.....DATE OF BIRTH.....PHONE.....

MOBILE..... Email Address:

We the undersigned being Financial Members of the Swansea R.S.L.Club Ltd. Nominate the above Nominee a person eligible in every way for Membership of the Club.

Signature of NOMINATOR Signature of SECONDER

Membership NO Membership NO.....

I do hereby consent to be Nominated for Membership of Swansea R.S.L. Club Ltd and agree to be bound by your Memorandum and Articles of Association.

SIGNATURE OF APPLICANT

DATED THIS.....DAY OF.....20.....

TYPE OF MEMBER (Please tick and complete where applicable)

- | | | | | |
|-------------|---------------------------------------|----|-------------------------------|--|
| 1. ORDINARY | (\$5.50 P/A) <input type="checkbox"/> | or | 5 YEAR MEMBERSHIP | (\$22.00 5YR) <input type="checkbox"/> |
| | | | (Ordinary \$5.50 member only) | |
| 2. OVER 65 | (\$2.20 P/A) <input type="checkbox"/> | | 3. R.S.L. MEMBER | (\$4.40 P/A) <input type="checkbox"/> |
| | | | 4. R.S.L. MEMBER OVER 65 | (\$2.20 P/A) <input type="checkbox"/> |

PLEASE NOTE: MEMBERSHIP RENEWALS DUE BY 31ST DECEMBER EACH YEAR TO REMAIN FINANCIAL

To preserve the environment the Annual Report is now available on the clubs website www.swansearslclub.com

Tick box if you require a printed annual report instead of accessing it from the clubs website

Information contained on this form will be treated as confidential. Members Player Activity Statements are available on request.

FOR OFFICE USE ONLY TYPE OF ID SHOWN

CHECKED BYMEMBERSHIP NO

RECEIPT NO.....DATE.....AMOUNT.....