



AYR ANZAC MEMORIAL CLUB INC.



APPLICATION FORM

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

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 am also aware that my application must be tabled at a management committee meeting and is not fully approved until this meeting has occurred.

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

First Name _____ Surname _____

Address (Residential) _____

Suburb _____ Postcode- _____

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 []	Membership No. issued _____
APPLICANT'S ID _____ NO: _____	



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