

## **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 Nan	ne	Surname		
Address	(Residential)			
Suburb		Postco	de	
Postal		Postcoo	de	
Phone-		D.O.B	S	
E-MAIL				
Occupation	on			
PROPOS	ED BY	MEM	IBER NO	
SECONE	DED BY-	MEM	BER NO	
Date Join	ned// 20	AMOUNT PAID	\$	
SIGNAT	URE			
All memberships expire in December each year.  [ ] Please remove me from the club's mailing list apart from essential notes.				
Receipt issu		OFFICE USE ONLY Membership No. i	issued	
Keceipi issi	icu [ ]	Membership No. 1		
APPLICAN	VT'S ID	NO:		



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Postal	Post	tcode-
Phone-	D.0	O.B
E-MAIL		
Occupation _		
PROPOSED	BY M	EMBER NO
SECONDED	BYM	EMBER NO
Date Joined	// 20 AMOUNT PAI	D \$
SIGNATURI	E	····
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APPLICANT'S	IDNC	