



MEMBERSHIP FORM

MEMBER INFORMATION

TITLE (Please Circle)	MR / MRS / MS / MISS / DR	D.O.B:	
SURNAME:			
GIVEN NAME (S):			
RESIDENTIAL ADDRESS:			
TOWN / SUBURB:		POSTCODE:	
POSTAL ADDRESS:			
TOWN / SUBURB:		POSTCODE:	
TELEPHONE:		MOBILE:	
EMAIL:			
OCCUPATION:			

Privacy Laws - Members details will not be issued to any outside agencies without the individual's consent.

Please tick if you do not wish to receive promotional material, marketing or club news.

MEMBERSHIP FEES - (please select preferred option)

\$10 - 1 year membership

\$30 - 3 year membership





MEMBER INFORMATION

PAYMENT OPTIONS

MAIL: Cheque, Money Order or Credit Card details (below) to:

Kyabram Club, Post Office Box 15
KYABRAM VIC 3619

IN PERSON: Cheque, Money Order, Cash or Credit Card details (below) to

Kyabram Club, 82 Allan Street
KYABRAM VIC 3620

DIRECT CREDIT: Transfer membership fee direct to Kyabram Club:

Bendigo Bank BSB: 633 000
Acc: 151318672 (Please put full name as reference)

CREDIT CARD: Visa Mastercard Bankcard AMEX

Card Number: _____ Expiry: ____/____

Card Holders Name: _____

Signature: _____

I certify that I am over 18 years of age and agree to the rules to be bound by Memorandum and articles of association of the club and the by-laws and rules made thereunder.

SIGNED: _____ **DATE:** _____

OFFICE ONLY:

STAFF INITIALS: _____ IDENTIFICATION TYPE: _____

PAYMENT RECEIVED BY: _____ RECEIPT: _____

NUMBER ALLOCATED: _____