

KYABRAM CLUB MEMBERSHIP APPLICATION

ABN # 63 911 328 381

SURNAME _____ TITLE: DR MR MRS MS MISS

GIVEN NAMES _____ PREFERRED NAME _____

ADDRESS _____

TOWN _____ POST CODE _____

POSTAL ADDRESS _____

OCCUPATION _____ DATE OF BIRTH ____ / ____ / ____

TELEPHONE _____ EMAIL _____

Please tick if you do not wish to receive mail promotions from Tattersals or the Kyabram Club

SIGNATURE _____

ID CHECK: DRIVERS LICENSE NUMBER _____

2009/2010 MEMBERSHIP FEE IS \$5

PLEASE SELECT YOUR PAYMENT METHOD

CREDIT CARD NUMBER _____ EXP ____ / ____ AUTH # _____

DIRECT DEPOSIT TO KYABRAM CLUB: BSB 063516 Acc. Number 00181117
please use your name as reference when depositing funds

PROPOSER _____ SECONDER _____

PLEASE FORWARD YOUR APPLICATION TO:

e: contactus@kyabramclub.com.au
f: 03 5853 2910
p. P.O Box 15 KYABRAM 3619

Your application will be presented at the next board of directors meeting and once approved your membership card will be posted to you.

<u>OFFICE USE ONLY</u>	
DATE RECEIVED	_____
DATE ACCEPTED	_____
NUMBER ALLOCATED	_____