

82 Allan Street
(Post Office Box 15)
Kyabram, VIC 3619

Membership Form

Member Information

TITLE (Please Circle)	MR / MRS / MS / MISS / DR	D.O.B:	
SURNAME:			
GIVEN NAME (S):			
RESIDENTIAL ADDRESS:			
TOWN / SUBURB:		POST-CODE:	
POSTAL ADDRESS:			
TOWN / SUBURB:		POST-CODE:	
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

☐ \$25 - 3 year membership

☐ \$40 - 5 year membership

☐ \$80 - 10 year membership



Member Information

PAYMENT OPTIONS

<input type="checkbox"/> MAIL: Cheque, Money Order or Credit Card details (below) to:	Kyabram Club, Post Office Box 15 KYABRAM VIC 3619
<input type="checkbox"/> IN PERSON: Cheque, Money Order, Cash or Credit Card details (below) to	Kyabram Club, 82 Allan Street KYABRAM VIC 3620
<input type="checkbox"/> DIRECT CREDIT: Transfer membership fee direct to Kyabram Club:	Bendigo Bank BSB: 633 000 Acc: 151318672 (Please put full name as reference)
<input type="checkbox"/> CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard <input type="checkbox"/> 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: _____