

Kellerberrin & Districts Club Inc.

PO Box 80, Lot 260 Connelly Street, KELLERBERRIN, 6410

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ABN: 50 769 491 928

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Membership Application Form

SURNAME _____ FIRST NAME _____

ADDRESS _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

PHONE (HM) _____ MOBILE NUMBER _____

OCCUPATION _____ DATE OF BIRTH _____

WISH TO RECEIVE MESSAGES VIA EMAIL & SMS: YES/NO

I hereby apply to become a **FULL/COUNTRY** (select one) member of the Kellerberrin & Districts Club and in the event of my election, agree to be bound by the Constitution of the said Club or any By-laws thereof for the time being in force. I am over 18 years of age.

DATE _____ SIGNATURE _____

We hereby nominate the above named person for membership of the Club and certify that he/she is eligible, according to the Constitution of the Club, to be elected a member thereof;

PROPOSER _____ SECONDER _____

KNOWN TO COMMITTEE PERSON _____

OFFICE USE ONLY

Rec No. _____ Amount Paid _____ Date _____

Membership Number _____ Meeting Date _____

Established 1911