

Kellerberrin & Districts Club Inc.

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

Tel: (08) 9045 4103

ABN: 50 769 491 928

E-mail: kellerclub1911@gmail.com

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

- MEMBERSHIP TYPE (Please tick)
- Ordinary \$35.00 plus an application fee of \$11.00
 - Country \$25 (must live 20kms away) plus an application fee of \$11.00
 - Senior \$20 (must be over 65) plus an application fee of \$11.00

- I hereby apply for Membership of the Kellerberrin & Districts Club Inc.
 I wish for my email address to be used as my address in the Club Members Register
 I understand that my rights and privileges do not commence until my application is approved
 I will abide by all the Rules and Regulations of the Kellerberrin & Districts Club Inc.

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 (Print Name) _____ SECONDER (Print Name) _____

KNOWN TO COMMITTEE PERSON _____

OFFICE USE ONLY

Rec No. _____ Amount Paid _____ Date _____

Membership Number _____ Meeting Date _____

Established 1911