

MEMBERSHIP APPLICATION FORM

\$2 Membership
to December

\$ 10
5 year Membership

Mr. Mrs. Ms. Surname.....	COMPULSORY
First Name(s)	
Home Address.....	
.....	
Mail Address.....	
Date of Birth.....	
Occupation.....	

Home PH.....
Mobile

Email Address.....

Nationality

Country of Birth

Language(s) Spoken.....

Car Rego.....

I hereby apply to be an associate member of Burwood RSL Club. I declare that I am over the age of 18 years and if accepted, agree to abide by the constitution and rules of the Club.

Please note the law requires the club to give you due notice of general meeting's.

The club complies with the Privacy Act & protects all personal information. A player activity statement is available on request.

The form must be lodged in person

Tick to receive the quarterly Club Magazine & Birthday Vouchers. <input type="checkbox"/>	COMPULSORY
Annual report is available on Club website. Tick to also receive hard copy. <input type="checkbox"/>	
Date of application	
Signature of applicant	

Membership Number

ID. Checked by.....