CABRA-VALE EX-ACTIVE SERVICEMEN'S CLUB LTD.

To the Board of Directors of
Cabra-Vale Ex-Active Servicemen's Club Ltd.

PLEASE PRINT CLEARLY

Mrs/Ms/Miss/Mr, □□□□□□□□□□□□□□□□□□□□

(Family Name)

□□□□□□□□□□□□□□□□□□□□

(Given Names)

of □□ □□ □□□□□□□□□□ Phone No.: □□□□□□□□□□

(Number) (Street)

□□□□□□□□□□□□□□□□□□ Postcode: □□□□

(Suburb)

desire to become a **SOCIAL** Member of the Cabra-Vale Ex-Active Servicemen's Club Ltd. and request you to enter my name on the Register of Members accordingly AND I agree to be bound by your Memorandum and Articles of Association and any Rules, Regulations and By-Laws of the Club from time to time in force.

APPLICANTS MUST PRODUCE DOCUMENTARY PROOF OF AGE

Occupation □□□□□□□□□□□□□□□□□□□□

Date of Birth □□/□□/□□□□ Country of Birth □□□□□□□□□□□

Dated this ..... day of ..... 20 .....

APPLICANT'S SIGNATURE X .....

The Nominator and Seconder must be financial Members of the Cabra-Vale Ex-Active Servicemen's Club Ltd. for a period of not less than 14 weeks.

NOMINATED BY Please Print Name .....

Signed ..... No. .....
(Proposer)

SECONDED BY Please Print Name .....

Signed ..... No. .....
(Seconder)

FULL NAME OF NEXT-OF-KIN……

Relationship..... Address .....

Are you interested in joining Sporting Sections of the Club?

If yes, state interests .....

FOR OFFICE USE ONLY

Receipt No. ……..... Date ……/……/20…….

Induction Date ..... Date ……/……./20……..

Processed By ……..... Signature ……..... Bundy No. ……..

ID CHECK

D.L. ☐ No. .....

PASSPORT ☐ No. .....

PROOF OF AGE ☐ No. .....