



West Wallsend Workers Club Ltd.

APPLICATION FOR MEMBERSHIP

Receipt Number

Membership Number
(Office Use Only)

Staff Use Only – License/ID Number

Staff Use Only - Date of Birth Verified

Please Tick One Option

\$5.50	<input type="checkbox"/>	\$13.00	<input type="checkbox"/>	\$77.00	<input type="checkbox"/>
1 Year		5 Year		Perpetual	

Mr / Mrs / Miss / Ms _____
(Surname) (First Name)

Address _____

_____ Post Code _____

Home Phone _____ Mobile _____

Email _____

Occupation _____ Date of Birth _____

I do hereby consent to be nominated for membership of West Wallsend Workers Club Ltd and I agree to be bound by the Memorandum and Articles of Association, By-laws and/or alterations there to, if my nomination is accepted by the Board of Directors. All information submitted by you to manage and deliver the service you require is kept secure according to our privacy policy, and will not be supplied to any other party.

Signature _____ Date _____

In the interest of preserving the environment and saving paper, the annual financial report will be available to members on the clubs web site at wwwc.com.au, if you wish to receive the annual financial report by mail please indicate below.

I wish to receive the annual financial report.

I do not wish to receive electronic information from West Wallsend Workers Club about its offers and promotions.

NOTE: If this form is lodged by someone other than the applicant then a photo copy of the applicant's drives license or other NSW RTA approved cards must be attached and signed as true and correct by the lodger.

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