



The Epping Club

45-47 Rawson Street, Epping NSW 2121
Ph: (02) 9876 4357 Fax: (02) 9876 1153
www.eppingclub.com
Email: mail@eppingclub.com

MEMBERSHIP APPLICATION

Member No: _____

Referred by: _____

I hereby apply for election as a member of The EPPING RSL (SUB-BRANCH) & COMMUNITY CLUB LIMITED. I declare that I am over the age of 18 years and if elected, agree to abide by the Rules and By-Laws of the Club.

I understand that:

- a) Full annual membership subscription for the current calendar year is due upon joining.
- b) Membership subscriptions fall due each year on 1 January and are payable in advance from 1 December.
- c) A member becomes unfinancial after 31 January and has one month to rectify this position.
- d) Memberships are not refundable or transferable
- e) If I wish to receive a hard copy of the concise or the full annual report I must advise the Clubs' CEO in writing at the above club address

Surname (Mr/Mrs/Miss/Ms/Dr) _____

Given Names: _____ DOB _____

Occupation/Industry _____ Gender (M/F) _____

Mailing Address: _____

_____ Postcode _____

Phone No. (H): _____ (Mob) _____

Email _____

Membership Type	Five Year	Three Year	One Year
FULL	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$10.00
AGED PENSION	<input type="checkbox"/> \$22.00	<input type="checkbox"/> \$13.75	<input type="checkbox"/> \$5.50
RSL	<input type="checkbox"/> \$11.00	<input type="checkbox"/> \$6.60	<input type="checkbox"/> \$2.20

Method of Payment:

CASH CHEQUE EFTPOS CREDIT

Signature of Candidate: _____

I wish to receive marketing material about The Epping Club services and promotions including beverage, catering and gaming promotions.

Preferred Method of Contact

SMS EMAIL MAIL

E Plus points accrued will be deleted on 28 February

Food & Wine Sporting Events Seniors Promotions
 Travel Concerts

OFFICE USE ONLY

Identification Checked

Drivers Licence Aged Pension Card

Passport Other (details) _____

Proposer: _____ Member No: _____

Seconder: _____ Member No: _____

Officer's Signature: _____

Print Name: _____ **Date:** _____