

RYLSTONE CLUB LTD

PO Box 32
Rylstone NSW 2849
Ph: 02 6379 1109
ABN: 65 001 028 271

MEMBERSHIP NOMINATION FORM

Applicant to complete

(Full name in block letters)

(Address)

(Occupation)

(Date of Birth)

Hereby apply for Membership of the above Rylstone Club Ltd

I, the undersigned Applicant for Membership certify I am above the age of 18 years and if elected a member, will abide by the rules and by-laws of the Rylstone Club Ltd.

(Signature of applicant)

Would you like to receive the financial report ? Yes or No
If yes please choose how you would like to receive it? Post or E-mail
E-mail Address _____

Nominators to complete

Nominated by: _____	Seconded by: _____
Please print name: _____	Please print name: _____
Member No: _____	Member No: _____

Staff to complete

Proof of identity: _____	i.e. Drivers Licence/18+ Card or Passport
Licence/card No: _____	Date: _____
Staff Signature: _____	Amount Due: _____

FOR OFFICE USE ONLY

Accepted: _____	Receipt No: _____
Date Receipt issued: _____	Membership No: _____

**RYLSTONE CLUB LIMITED
JUNIOR MEMBERSHIP
APPLICATION FORM**

LAST NAME:.....FIRST NAME:.....

MIDDLE NAME:.....DOB.....

ADDRESS:.....

TOWN:.....POSTCODE:.....STATE.....

I AM A JUNIOR MEMBER OF THE RYLSTONE CLUB
SQUASH – GOLF – BOWLS

SIGNED:.....DATE...../...../20.....

I hereby give my permission for my son/daughter/guardian to become a junior member of the Rylstone Club Limited.

LAST NAME:.....FIRST NAME:.....

ADDRESS:.....

TOWN:.....POSTCODE:.....STATE:.....

PHONE:.....

SIGNED:.....

RELATIONSHIP TO APPLICANT:.....

JUNIOR MEMBERSHIP FEE: \$5.50 per annum - GST included

DATE:.....

AMOUNT:.....

RECEIPT NUMBER:.....

DATE PASSED:.....

MEMBERSHIP NUMBER:.....