Cnr Boronia & Lawnbrook Roads, Walliston WA 6076 PO Box 82, Kalamunda WA 6926 Phone: (08) 9291 7811

www.lesmurdieclub.com

Email: office@lesmurdieclub.com.au

NEW MEMBERSHIP FOR NOMINATION OF APPLICATION

To the Committee, I the undersigned, wish to become a member of The Lesmurdie Club. I hereby authorise the Committee, in the event of my application being accepted, to enter my name and number in the register of Club members and I agree to accept and be bound by the Club rules and regulations, Constitution and By-Laws.

I understand that this in an application only and should not be construed as acceptance of my membership and that if the membership subscription is not remitted on request this application can be considered null and void.

Please compete all sections – Please clearly write		
SURNAME (Mr. Ms.)	(GIVEN NAMES
ADDRESS		
PHONE: OCCUPATION:		
EMAIL:		BIRTH DATE:
Have you been excluded	from another Cl	ub in the last 3 years?
PLEASE INDICATE YOUR TYPE OF MEMBERSHIP		
FULL MEMBERSHIP	\$70.00	JUNIOR/COUNTRY \$35.00
AGED PENSIONER	\$35.00	AGED PENSION CARD NO
MEMBERS SHIRT \$55.00		MEMBERS JUMPER \$60.00
SHIRT SIZE		JUMPER SIZE
SIGNATURE:		
3	nember. We believe	of The Lesmurdie Club, nominate the above- e that this candidate, in all respects, is an eligible and
NOMINATOR:	S	IGNATURE: NO:
MEMBERSHIP APPLICATION AF	PPROVED BY THE LES	
MEMBERSHIP NUMBER		DATE: