

SOCIAL MEMBERSHIP APPLICATION 2020	
PERSONAL INFORMATION	
Name:	
Address:	
Post Code:	
Phone: Mobile:	
Email address:	
TYPE OF MEMBERSHIP	
☐ Social Member \$10	
Signature of applicant:	
Date:	
OFFICE USE ONLY	
Paid Y / N Receipt Number:	
Club Membership Number: Card Issued: Y	/ N
STAFF MEMBERS NAME:	
SIGN:	
Superdraw Email list Membership List	