

# MEMBERSHIP APPLICATION



Austrian Australian Club Inc.  
5 Moutevans Street  
MAWSON ACT 2607  
Phone: 02 62865793

**FULL MEMBER:** \$6.00 for 1 year OR \$15.00 for 3 years

**SENIOR MEMBER (65+ years of age):** \$4.00 for 1 year OR \$10.00 for 3 years

## PLEASE FILL THE BELOW FIELDS IN CLEAR LEGIBLE WRITING

**NAME:** Mr/Mrs/Miss/Ms \_\_\_\_\_  
Surname First Name

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Please provide your email address if you would like to be notified of upcoming events, etc.

I hereby apply for membership of the Austrian Australian Club. If my application is accepted, I agree at all times to be bound by the constitution and house rules of the club (as amended from time to time).

I enclose \$ \_\_\_\_\_ being for full membership / senior membership (cross out which is not applicable)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPONSORED BY:** \_\_\_\_\_ **BADGE NO:** \_\_\_\_\_  
Print Name Signature

**SPONSORED BY:** \_\_\_\_\_ **BADGE NO:** \_\_\_\_\_  
Print Name Signature

The appropriate fee must accompany this application. If the application is not successful, the fee paid will be refunded.

### OFFICE USE ONLY

Photo Id sighted (type): \_\_\_\_\_ Date approved by the Committee: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Badge No.: \_\_\_\_\_ Date entered on Database: \_\_\_\_\_