



RANELAGH CLUB

(A.C.N: 004 127 262 A.B.N: 46 004 127 262)

P.O. Box 59, Mount Eliza 3930 Phone: 9787 0265 Fax: 9787 9002

APPLICATION FOR MEMBERSHIP

Membership Type (tick)	<input type="checkbox"/> Family	<input type="checkbox"/> Couple	<input type="checkbox"/> Single	<input type="checkbox"/> Junior
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Surname	Given Name
Surname	Given Name
Children's Name/s	Date of Birth
Children's Name/s	Date of Birth
Children's Name/s	Date of Birth

Occupation			
Address			
Email Address			
Home Phone	Business	Mobile	

Names of other Members known to Applicant (please print names)	
Surname	Given Name
Surname	Given Name

Reason for Joining	
Special Interest	

Proposer's statement and signature (Please complete small statement below and print name)	
Statement	
Name	Signature

Seconders statement and signature (Please complete small statement below and print name)	
Statement	
Name	Signature

I/ WE, THE UNDERSIGNED, HEREBY AGREE, IF ACCEPTED AS MEMBERS, TO ABIDE BY THE RULES AND BY-LAWS OF THE RANELAGH CLUB

Date of Application	
Applicant/s Signature/s	
Name	Signature
Name	Signature

