Southern Districts Workingmen's Club
✷✷Membership Application✷✷

☞Name: **Mr./ Mrs./Ms./Miss.**	**Member number:**

Please select term of membership

☐ **1 year**	☐ **5 year**	☐ **10 year**
Date of Birth: / /	Home ☎:	Mobile☎:
Postal Address:		
Suburb:	State:	Post Code:
Email address:		
Membership Type: ☐Full $30.00	Pension (Aged TPI & Invalid) ☐Card sighted: $15.00	
✶Signature of Applicant:	Date: / /	

Spouse/Defacto Information, if joining

☞Name: **Mr./ Mrs./Ms./Miss.**	**Member number:**

Please select term of membership

☐ **1 year**	☐ **5 year**	☐ **10 year**
Date of Birth: / /	Mobile☎:	
Membership Type: ☐Full $30.00	Pension (Aged TPI & Invalid) ☐Card sighted: $15.00	
✶Signature of Spouse:	Date: / /	

Proposer Name:	Signature:	Member No:
Seconder Name:	Signature:	Member No:

Please supply email and mobile phone details so that you can receive news and events information electronically. An OptOut facility will be available if required.

STAFF MEMBER TO COMPLETE: Application taken by (print name)_____

TOTAL AMOUNT RECEIVED: $_____ DATE: ____/____/____

OFFICE USE ONLY:

Member Card/s Given 1 ☐ 2☐

Birthday Card/s Given 1 ☐ 2☐

Processed by (print name) _____

Date cards posted _____