



SOCIAL MEMBERSHIP APPLICATION

Limited by Guarantee ABN 89 056 438 530 / (02) 6674 1573

Membership #: _____ Date: _____

Surname: _____

First Name _____ Mr/Mrs/Miss/Ms

DOB: ____/____/____ Proof over 18yrs Y / N

Street Address: _____

Suburb & State: _____

Mobile: _____ Postcode: _____

Email: _____

Occupation: _____

Social Member - **1 year** \$10

Social Member - **3 year** \$25

I desire to become a Social (ordinary) Member of Cudgen Headland Surf Life Saving Club Limited and request you enter my name on the members register. I agree to be bound by the provisions of the constitution and any rules and regulations or by-laws of the Club.

Applicants Signature.....

...../.....

Proposed by please print Member No.

...../.....

Seconded by please print Member No.

Office use only:

Payment made by: Cash Card D.Dep

KSC Membership Database entry date: ____/____/____

Card Collected: Y / N Staff ID: _____