

KATOOMBA RSL
Cnr Lurline and Merriwa Street,
Katoomba NSW 2780
P: 02 4782 2624 F: 02 4782 4616
info@katoombarsl.com.au www.katoombarsl.com.au



MEMBERSHIP APPLICATION

BLOCK LETTERS PLEASE

MR
MRS
MS Surname: First Name:
MISS

Residential Address:
..... Postcode:

Home Ph: Mobile Ph:

Postal Address:
(If different to above)

Occupation: Date of Birth:

Email Address:

Do you wish to receive an Annual Report each year? Yes / No If 'Yes' Annual Report to be sent by Email / Post

- **PHOTO IDENTIFICATION MUST BE SHOWN BEFORE THIS APPLICATION FORM WILL BE ACCEPTED. (Drivers Licence or Proof of Age Card).**

I certify that the above particulars are correct and I hereby apply to be a Member of the Katoomba RSL All Services Club Ltd, and I agree to be bound by the Club's Constitution, Rules and Regulations, and By-Laws. I also certify that I am over the age of eighteen (18) years.

SIGNATURE OF APPLICANT: DATE:

THIS FORM, TOGETHER WITH NOMINATED FEE MUST BE DELIVERED TO THE SECRETARY AT LEAST FOURTEEN DAYS BEFORE THE DATE OF A BOARD MEETING.

Please select: - **1 Year Membership \$10.00** or **5 Year Membership \$30.00**

OFFICE USE ONLY

DATE PAID	RECEIVED BY
ID TYPE	MEMBERSHIP NO
ID NUMBER	AMOUNT PAID

Incorporating

WENTWORTH FALLS BOWLING CLUB

Falls Road, Wentworth Falls NSW 2782

P: 02 4757 1503 F: 02 4757 4612

Address all Correspondence to P.O. Box 820, Katoomba NSW 2780 * ABN 36 000 957 773