



APPLICATION FORM
\$10 MEMBERSHIP
1ST JULY TO 30TH JUNE ANNUALLY

(PLEASE PRINT)

MR MRS MISS MS OTHER _____

GIVEN NAME _____

SURNAME _____

D.O.B. _____

ADDRESS _____

POSTCODE _____

PHONE NO. _____

MOBILE _____

EMAIL _____



I wish to receive information on special offers including alcohol & gaming related activities

In signing this form, I hereby declare that the information I have provided is true and correct to the best of my knowledge, and that I am over the age of 18 years.

SIGNATURE _____

DATE _____

Return to:

Wangaratta Club

4 Victoria parade

Wangaratta Vic 3677

Or scan/photo and email to: admin@wangarattaclub.com

Phone 03 5721 3711

www.wangarattaclub.com.au

 [wangarattaclub](https://www.facebook.com/wangarattaclub)

Office use only

Proposed by no.: _____

Seconded by no.: _____

Allocated number: _____