MEMBERSHIP & RENEWAL

www.canberraservicesclub.com.au

Application

New Member ☐ Associate Membership ☐

Renewal ☐ *Full Membership ☐

* Conditions Apply

Canberra Avenue
PO Box 3041
Manuka ACT 2603
Phone: (02) 6295 1389
Fax: (02) 6295 1628

ABN 64 008 390 896

Annual Fee $5.50

Please print all information clearly

Title: Mr / Mrs / Miss / Ms / Other _____ Surname _____

Given Names _____

Address _____

Suburb _____ State _____ P/code _____

Phone: Home _____ Mobile _____

Work _____ Fax _____

Occupation _____ Date of Birth ____ / ____ / ____

Email _____

Which facilities are you interested in? (Please circle)

Poker Machines	Promotions	Outdoor Areas	Pool Tables
Resturants	Entertainment	Funtions	Raffles
Live Music	Trivia Nights	Sports	

Have you ever been dismissed or refused membership from any club due to a gambling related issue? **yes** ☐ **no** ☐

I am over 18 years of age. If accepted as a member of the Canberra Services Club I agree to be bound by the Constition and by-laws of the club

Signature

Date ____ ____ ____

OFFICE USE ONLY

Date: _____ Badge # _____ Amount _____

Reciept# _____ Signature _____

ID used Lic / Passport / Proof of Age **(Please circle)**

Card Number _____

This document will be a tax invoice for GST purposes when you make payment. Membership includes GST