



Canberra Services Club



Membership Application

- New Member
- Renewal (Contact details not required unless changed)
- Full Membership* * Conditions Apply
- Associate Membership

www.canberraservicesclub.com.au
 Corner Canberra Avenue
 and Manuka Circle
 PO Box 3041
 Manuka ACT 2603
 Phone (02) 6295 1389
 Fax (02) 6295 1628
 ABN 64 008 390 896

Please print all information clearly

Annual Fee \$5.50

Badge Number	<input type="text"/>	Title Mr / Mrs / Miss / Ms / Other	<input type="text"/>
Given Names	<input type="text"/>		
Surname	<input type="text"/>		

Contact Details

Address	<input type="text"/>										
Suburb	<input type="text"/>				State	<input type="text"/>		P/code	<input type="text"/>		
Phone: Home	<input type="text"/>				Mobile	<input type="text"/>					
Work	<input type="text"/>				Fax	<input type="text"/>					
Occupation	<input type="text"/>				Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
Email	<input type="text"/>										

If you supply your email address you agree to receive correspondence electronically. Help us do our bit for the environment by reducing our reliance on paper

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

The Canberra Services Club is subject to the provisions of the Privacy Act. Any personal information provided by you on this form will be used to process your membership application; failure to provide all relevant information may result in your application being rejected.

Signature

Date / /

OFFICE USE ONLY

Date: _____ Amount paid: \$ _____ Card Issued: Y / N

ID used Lic / Passport / Proof of Age / Defence Force ID (Please Circle) Card No. _____

Signature: _____ Group / Organisation: _____

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