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 Canberrra 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 Title Mr / Mrs / Miss / Ms / Other

Given Names

Surname

Contact Details

Address

Suburb State P/code

Phone: Home Mobile

Work Fax

Occupation Date of Birth / /

Email

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: _____ Badge # _____ Amount _____ Reciept# _____

Signature_____ Group / Organisation _____

ID used Lic / Passport / Proof of Age / Defence Force ID **(Please circle)** Card Number_____

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