



FAMILY CLUB MEMBERSHIP APPLICATION

P.O. BOX 8, Scarborough WA 6922
75 Deanmore Rd, Scarborough WA
Ph:(08) 9341 6000 Fax:(08) 9341 8587
E-mail: ssc@iinet.net.au
Web: www.ssclub.net.au
ABN: 732 936 71690

MR MRS MISS MS Given Names: _____ Surname: _____

Address: _____ Suburb: _____ Post Code:

Phone: (H) (M)

Date of Birth: // Driver Licence Number:

Occupation & Employer: _____ Email: _____

Membership Category: **NOTE: Ordinary membership is compulsory for all sporting sections.**

Ordinary: Please state which sport/s is/are applicable: _____

Family Membership fee of **\$ 100.00** Sporting fee of \$. **TOTAL \$** .

Have you ever been suspended from or refused admission to any other Club? No Yes

**I understand that my rights and privileges do not commence until my application is approved.
I will abide by all rules and regulations.**

Signature: _____ Date: //

**Applicants must be nominated and seconded by financial members who have been members of this Club for more than 12 months.
The nominator and seconder will act as referees for the new member and must ensure he/she will abide by all Club rules and regulations.**

Nominator: _____ M.No: Signature: _____

Seconder _____ M.No: Signature: _____

Date: //

About other family members:

MR MRS MISS MS Given Names: _____ Surname: _____

MR MRS MISS MS Given Names: _____ Surname: _____

MR MRS MISS MS Given Names: _____ Surname: _____

MR MRS MISS MS Given Names: _____ Surname: _____

MR MRS MISS MS Given Names: _____ Surname: _____

PLEASE TURN OVER TO COMPLETE

Payment Details: Cash Cheque Credit Card Payment Amount \$.

Payment by Credit Card: Bankcard Mastercard Visa

Card Number: Expiry Date: /

Name on Card: _____ Signature: _____

OFFICE USE ONLY:

ALLOCATED: YES NO M/SHIP NUMBER: _____ PAYMENT RECEIVED: YES NO

FIRST INPUT: _____ APPROVED BY BOARD: YES NO DATE: //