



# Echuca Workers & Services Club

P 03 5482 3140 F 03 5482 5800  
165-173 Annesley St, Echuca VIC 3564. PO Box 34, Echuca VIC 3564  
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ABN 45 006 732 298 ACN 006 732 298

## Membership Application Form

### PERSONAL DETAILS

<b>Title</b> (please circle)	Mr / Mrs / Ms / Miss / Dr	<b>Date of Birth</b>	
<b>Surname</b>			
<b>Given Name(s)</b>			
<b>Residential Address</b>			
<b>Town / Suburb</b>		<b>Postcode</b>	
<b>Postal Address</b>			
<b>Town / Suburb</b>		<b>Postcode</b>	
<b>Telephone</b>		<b>Mobile</b>	
<b>Email</b> (please print)			

**Group/Sporting Club affiliation:** Are you affiliated with a group/sporting group that Echuca Workers & Services Club sponsors?  
Please list them here \_\_\_\_\_

Privacy Laws - Members details will not be issued to any outside agencies. Please tick if you do not wish to receive promotional material, marketing or Club news, that may or may not contain gaming information.

### MEMBERSHIP FEES

3 years - \$20.00       1 year - \$10.00

I wish to receive the Club's Annual Report via  Email to the address provided above  Post  I do not wish to receive it

I certify that I am over 18 years of age and agree to be bound by the rules on of the Club and the by-laws made there under.

Signature X \_\_\_\_\_

### NOMINATION

Proposed by: \_\_\_\_\_ Member No: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Member No: \_\_\_\_\_ Signature: \_\_\_\_\_

All nominations must be accompanied by the subscription fee. The above candidate is personally known to us and we believe the Applicant to be a suitable person to be elected a member of the Echuca Workers & Services Club.

### PAYMENT OPTIONS

**Mail:** Cheque, Money Order or Credit Card details (below) to Echuca Workers & Services Club, P.O. Box 34 Echuca VIC 3564

**In Person:** Cheque, Money Order, Cash or Credit Card details (below) to Echuca Workers & Services Club, 165-173 Annesley St, Echuca 3564

**Direct Credit:** Transfer membership fee direct to Echuca Workers & Services Club, ANZ Bank

BSB 063 511      Account 10431893 (please put your full name as reference)

**Credit Card:** Card Number \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

Card Holders Name \_\_\_\_\_

Signature \_\_\_\_\_

### STAFF USE ONLY

Date Received \_\_\_\_\_ Number Allocated \_\_\_\_\_ Received By \_\_\_\_\_ I.D. Sighted/Type \_\_\_\_\_