Echuca Workers

P 03 5482 3140 **F** 03 5482 5800
165-173 Annesley St, Echuca VIC 3564. PO Box 34, Echuca VIC 3564
E info@echucaworkers.com.au **W** www.echucaworkers.com.au
ABN 45 006 732 298 ACN 006 732 298

Membership Application Form

PERSONAL DETAILS

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

Group/Sporting Club affiliation: Are you affiliated with a group/sporting group that Echuca Workers 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 Echuca Workers.

PAYMENT OPTIONS

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

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

Direct Credit: Transfer membership fee direct to Echuca Workers, Commonwealth 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 _____