



MEMBERSHIP/ RENEWAL FORM

Title _____ Surname _____

First Name/s _____

Residential Address _____

Postal Address _____

Occupation _____

Phone (H) _____ (W) _____

Mobile _____

Email Address _____

Date of birth _____

My preferred method of contact is:

Email Mobile Phone

Nominators and Seconders

Nominator and Seconder of this application acknowledge that they are full financial members and are over the age of 18 years.

Nominator Member No _____

Surname _____ Given Name _____

Signature _____ Date _____

Seconder Member No _____

Surname _____ Given Name _____

Signature _____ Date _____

Membership Valid until June 30th (tick boxes)

Social 1 year.....

Social 3 years

Platinum Golf Member

Golf

Golf Partner Membership

Platinum Bowls Member

Bowls.....

Golf & Bowls.....

Junior Sports

Golf 15-17 yrs

Golf 18-21yrs

Golf Pay'n'Play

To provide the best service to our Members please indicate areas of interest.

- Coast Frequent Diners Club
- Raffles.....
- Entertainment
- Golf
- Bowls.....
- AFL
- NRL
- Other.....

(specify): _____

Do you wish to receive exclusive gaming and marketing promotional offers? Yes No

Signature of Applicant: _____

Date: _____

Applicants under 18yrs of age, must submit evidence of date of birth

Signature if under 18yrs _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Eden Fishermen's Recreation Club Annual Report can be viewed at www.edenfishermens.com.au.

Any member wishing to receive a hard copy of this report should see Club reception during business hours, or email reception@edenfishermens.com.au

Privacy Policy: Our full privacy policy is available at www.edenfishermens.com.au

OFFICE USE ONLY:

Received by: _____

Receipt No _____

Date _____

ID Type _____ ID Number _____

Entered By _____

Common Address Y/N

To be presented to the _____ Board Meeting

Membership Number _____