

Eden Fishermen's Recreation Club



MEMBERSHIP APPLICATION			
APPLICANT INFORMATION			
Title:	First Name:	Surname:	
Preferred name:		Date of birth:	
Residential address:			
City:	State:	Postcode:	
Please complete postal address if different to residential address			
Postal Address:			
City:	State:	Postcode:	
Phone: ()	Mobile:		
Email address:			
Occupation:	Membership Type:		
Please nominate how you would like to receive the annual report: Email <input type="checkbox"/> Mail <input type="checkbox"/>			
Applicant ID: Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Proof of age card <input type="checkbox"/>			
Applicant's ID number:			
Applicant Signature:		Date:	
NOMINATION DETAILS			
Proposer name:		Membership No:	
How long have you know the applicant:	Signature:	Date:	
Seconder name:		Membership No:	
How long have you know the applicant:	Signature:	Date:	
OFFICE USE ONLY			
Amount collected:		Receipt number:	
Date application received:		Date Approved:	
Existing/new member number:		Golfink number (if applicable)	
ID sighted - Signature:		Date:	