



MEMBERSHIP No: \_\_\_\_\_

PLEASE PRINT FULL

NAME (Mr, Mrs, Ms) First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Postal Address: (If different from above) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby apply for membership of the Macksville Ex-Services Club (registered as Macksville District Ex-Servicemen's Club Limited) and if admitted I agree to be bound by and so comply with the constitution and by-laws of the Club. I also declare that I have attained the age of 18 years, and the date of birth stated on this application is correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Membership Category**

**A-CLASS - ASSOCIATE** Standard  Social  
ANNUAL FEE \$5.00 valid to 31 December  3 YEAR \$14.00  5 YEAR \$23.00

**E-CLASS - EX-SERVICES PERSONEL** Service identification sighted   
ANNUAL FEE \$3.00 valid to 31 December  3 YEAR \$8.40  5 YEAR \$13.80

**Payment method** Cash Eftpos/Credit Card

**OFFICE USE ONLY**

One type of photo id or three (3) types of non-photo id

PHOTO ID NON-PHOTO ID (bank/credit card, government issue, medicare)

Drivers Licence ID No: \_\_\_\_\_ ID 1: \_\_\_\_\_ Card No: \_\_\_\_\_  
Passport ID No: \_\_\_\_\_ ID 2: \_\_\_\_\_ Card No: \_\_\_\_\_  
Proof of Age Card: ID No: \_\_\_\_\_ ID 3: \_\_\_\_\_ Card No: \_\_\_\_\_

DATE: \_\_\_\_\_ STAFF SIGNATURE: \_\_\_\_\_

Senpos  Pulse  Card / Letter Sent/ Given

*Your family friendly club*