



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