



# Belmont Sportsman's Club Co-Operative Ltd Membership Application Form

No. \_\_\_\_\_

**PLEASE PRINT IN CAPITALS**

Mr/Mrs/Miss/Ms                      First Name: \_\_\_\_\_                      Surname: \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

Suburb: \_\_\_\_\_                      Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_                      Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_                      Date of Birth \_\_\_\_\_

**Donation Preference: (please circle)**

- |              |                  |                           |              |
|--------------|------------------|---------------------------|--------------|
| Lakes United | Soccer (Phoenix) | Westpac Rescue Helicopter | Ladies Bowls |
| Cricket      | Baseball         | Hunter Life Education     |              |
| Men's Darts  | Ladies Darts     | Belmont Hospital          |              |
| Netball      | Rugby Union      | Men's Bowls               |              |

**The Club's Annual Report is available via our Website:**

If you wish to receive a copy of our Annual Report please tick:

[www.belmontsporties.com.au](http://www.belmontsporties.com.au)

**I would like to receive information on Gaming Promotions.**

**I would like to receive information on Other Promotions.**

**I do not wish to receive ANY Promotional Mail.**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I do hereby consent to be nominated for membership of the Belmont Sportsman's Club Co-operative Ltd. I also agree to be bound by the existing rules, regulations and bylaws if my nomination is accepted by the Board of Directors.

**Signature of Applicant:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

We the undersigned, being full members of the Belmont Sportsman's Co-Operative Ltd., nominate the above mentioned person for membership of the Belmont Sportsman's Club.

**Signature of Nominator:** \_\_\_\_\_ **Membership No.** \_\_\_\_\_

**Signature of Seconder:** \_\_\_\_\_ **Membership No.** \_\_\_\_\_

**Type of Membership (please circle)**

Ordinary (\$6)	5yr (\$25)	Pensioner (\$3)	Pensioner 5yr (\$15)
Perpetual Ordinary (\$60)		Perpetual Pensioner (\$30)	

**FOR OFFICE USE ONLY**

Pension No. \_\_\_\_\_ Staff Name: \_\_\_\_\_

Licence No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_