MEMBERSHIP APPLICATION



Given Name:	Membership: 1yr 3yr 5	yr
Surname:	Ordinary \$10 \$20 Payment Type Eft Cash	\$30
Date of Birth: / /	Total Due: \$	
Phone:		
Email:	How did you hear about CLC? Word of Mouth Website	
Residential Address	Community Print Facebook Instagram Other:	
	Signature:	
State Postcode Postal address SAME as residential	Date: / / * By completing this form, you acknowledge that you wish to become member of the Coogee Legion Ex-Service Club Ltd and as such requename be entered on the Register of Members. Thus, you hereby agree by the Constitution of the Coogee Legion Ex-Service Club Ltd.	st your
Postal Address	Office Use Only Driver's Licence Pension Car Photo ID Card Passport ID #:	·d
	State: Expiry: / /	
State Postcode	Member #: Receipt #: Processed by:	
	110003300 Dy	
I wish to opt out of the receipt of the Club's marketing materials	I wish to opt out of the receipt of gaming marketing m	aterials

TERMS AND CONDITIONS