

MEMBERSHIP CATEGORY		
<input type="checkbox"/> FULL	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> SOCIAL

MEMBER DETAILS				
TITLE (Please circle)				
	Mr.	Mrs.	Ms.	Miss
SURNAME				
GIVEN NAME		DATE OF BIRTH     /     /		
MOBILE PHONE		HOME PHONE		
EMAIL ADDRESS				
RESIDENTIAL ADDRESS		POSTAL ADDRESS		
SUBURB	P/CODE	SUBURB	P/CODE	

SIGN	
<p>I hereby acknowledge that this Membership Application is pending upon Board Approval. If the application is declined I understand I will be contacted in writing and the Membership Fee paid is non-refundable due to administration costs.</p> <p>I agree to abide by the Constitution, Code of Conduct, Dress Rules and By-laws of the Club and understand that failure to do so may result in my membership being revoked.</p> <p>Club Burleigh may send promotional material to your given email address, postal address or mobile. You may choose to opt from this via our platform. The privacy of our Members is very important to us and no details will be shared outside our business.</p>	
APPLICANT'S SIGNATURE	DATE     /     /

OFFICE USE	
PHOTO ID	MEMBERSHIP NUMBER
CARD IT <input type="checkbox"/> EXPLAINED <input type="checkbox"/> ENABLED	E-MEMBER                      STAFF NAME <input type="checkbox"/> ENTERED
NOMINATED	SECONDED