



Booroodabin Community & Recreation Club Inc

APPLICATION FORM

Mr Mrs Ms Other

First Name: _____

Last Name: _____

Birth Date: _____

Gender Male Female

Address: _____

City: _____

Postcode: _____

Phone: _____

Mobile: _____

Email Address: _____

Preferred method of communication
(please tick all that apply)

Email SMS Mail Out All

Please tick if you do not wish to receive
correspondence

Signature: _____

Date: _____ ID Sighted:

**** Social Membership is subject to conditions of the Booroodabin Community & Recreation Club Inc constitution which is available from the office during business hours upon request. By signing this application, you agree to these conditions. Your new members card can be collected from staff at the club.***

OFFICE USE ONLY

Amount Paid: _____ Date Paid: _____

Received by: _____

System Entry Date: _____ Receipt #: _____



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