

## APPLICATION FOR FINANCIAL MEMBERSHIP BOGGABRI RSL CLUB

I,(Mr,Mrs,Ms)
Of
AgeDate Of Birth
I request you to enter my name on the register of members. I agree to be bound by your club's rules and by laws of the club from time to time in force. I agree to provide appropriate identification for proof of my identity for the Club to copy and keep on file
SOCIAL MEMBER
JUNIOR MEMBER 16 TO 18 YEARS
Dated thisday of2020
SIGNATURE OF APPLICANT
Choose term
1 year \$5.00
OPTIONAL DETAILS
PHONE NUMBER
EMAIL