

MEMBERSHIP & RENEWAL APPLICATION FORM

New Membership

Renewal Current Card No.

Upgrade Current Card No.

Title: _____ Female / Male (Please Circle)

First Name: _____

Surname: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____

Mobile: _____

Email: _____

Your AFL team: _____ D.O.B: _____

We wish to keep our members informed. Do you wish to receive information about gaming, up coming promotions and services at The Club Caroline Springs? Yes No

I wish to become a member of The Club Caroline Springs.
I declare that I am over the age of 18 years and if my application is accepted by the senior management, I agree to be bound by the rules and By-Laws of The Club

SIGNATURE OF CANDIDATE:

APPLICATION DATE

Membership Category Gold Silver

OFFICE USE ONLY

ID CHECK

Mem - Silver _____ Mem - Gold _____

Payment: Cash Credit Card Eftpos

Terms & Conditions apply. For details visit website: