



# Rockdale R.S.L. Club Limited

A.C.N. 001 286 228

45 BAY STREET, ROCKDALE 2216

Telephone: 9567 2720 - 9567 8498

Fax: 9597 2247

## APPLICATION FOR MEMBERSHIP

Mr. Name in Full Mrs. Miss. SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES

Private Address Post Code

Business Address Post Code

Telephone: Business: Private: Date of Birth:

Occupation (Give Full Particulars of Appointment)

Name of Employer's Business (including Name and Address)

Names of other Clubs of which Applicant is a Member

Have you at any time been expelled from, suspended by or been refused admission to any Club?

Category of Membership (cross out which is not applicable)

(a) Financial Member of Rockdale R.S.L. Sub-Branch

(b) Associate Membership

I certify that my statements above are correct.

Date

Signature

Nominator

Badge No. have known Applicant for

Secunder

Badge No. have known Applicant for

### OFFICE USE ONLY

Application received

Elected

Application checked

Fees paid

Interviewed

Badge No.