

ST GEORGE ALPINE CLUB LTD

ABN 16 001 603 167

MEMBERSHIP APPLICATION FORM

l,	(full name)	
Of	(iuii name)	
Suburb/Town	State	(Postcode)
Phone (H)	(W)	
(M)	Email	
DOB	Class	A B C O (circle one)
hereby apply for membership of, ar	nd agree to conform to the Constitutio	on and By-laws of, St George Alpine Club Ltd.
		he Board, each year while I am a member and
to repay any outstanding fees upor	n the sale or other transfer of this mer	mbership.
	igible family member(s) to the dat	
Name	DOB	Relationship to proposed member
Please	continue overleaf if more than 3 n	ames to be added
Signature		
Date		
OFFICE USE ONLY		
Purchased From		
Price		
Date		
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