



APPLICATION FOR SOCIAL MEMBERSHIP

I, the undersigned, desire to become a member of the Eastlake Football Club Limited also trading as the Calwell Club and hereby agree, if elected to become a member of the Club, to be bound by the Constitution and By-Laws of the Club. I certify that I am over the age of 18 years.

(PLEASE PRINT NAME CLEARLY AND IN FULL)

SURNAME (Mr / Mrs / Ms / Miss)

GIVEN NAMES

ADDRESS

SUBURB **STATE** **POSTCODE**

EMAIL ADDRESS

If you do not wish to receive information about club promotions and services please tick the box No

CONTACT No. **DATE OF BIRTH**/...../.....

SOCIAL M/SHIP \$2.20

THREE YEAR SOCIAL M/SHIP \$6.60

Problem Gambling Declaration.

Do you have a gambling problem, been excluded from a gambling facility under a deed of exclusion or been question by an authorised Gambling Contact Officer regarding a potential gambling related problem?

Yes No Signature _____ Date _____

OFFICE USE ONLY ID CHECKED: YES / NO Licence/ID Number: _____

RECEIPT NO.: _____ DATE: / / AMOUNT PAID: _____

DATE APPROVED / REJECTED: / / BADGE NUMBER ISSUED: _____

