MEMBERSHIP APPLICATION FORM

Men	nbership Number:		☐ I require a replacement card ☐ I require a new car				
First Name:			Surname:				
Stre	et Address:						
Suburb: Telephone (Home): Email: Occupation:				State:	Postcode:		
				Mobile:	lobile:		
				Date of birth:			
MEN	MBERSHIP OPTIC	DNS:					
	Life Member – Donation \$25.00						
	Concession Social Member \$25.00						
	Social Member \$35.00						
PAY	MENT OPTIONS:						
	Cash at Bar – Receipt attached						
	Electronic Funds Transfer (EFT)						
	BSB:	105 118					
	Account:	040304740					
	Account Name: Gaza Sports & Community Club Inc						
	To ensure funds are correctly allocated, please attach payment advice to Membership Form and include your surname as reference.						
	*Membership runs from 1 st October to 30 th September, as per section 2.5 of the Regulations						
Offic	ce Use Only						
Date entered into One Till:					Entered by:		
Date	Email added to mailing	g list:			Entered by:		
	issued:				-		
	Phone: (08) 8261 44	150 Email: gaza	eagles	@outlook.co	m Website:	http://www.gaza.com.au	

232 North East Road Klemzig SA 5087 Australia