

## APPLICATION FOR SOCIAL MEMBERSHIP 2024

(Mr / Mrs / Ms / Miss / Mast / Dr / Other) (Please circle)

First Name ..... Known as .....

Surname ..... Middle Initial .....

Home Address .....

Suburb ..... Postcode ..... Date of Birth ...../...../.....

Telephone: Home ..... Mobile .....

E-Mail ..... Occupation .....

**Emergency Family Contact Information:**

Name (Print First and Surname) .....

Relationship (i.e. Wife, Son, Friend) .....

Phone Number (for emergency contact) .....

**2024 YEAR FEES**

Category	Subscription (Incl GST)	Other Charges *	Bar Credit **	Machinery Fund	Total Fee Payable
Social	\$25.00	0	0	0	\$25.00

**OFFICE USE ONLY**

Deposit Paid       Application posted on Board       Posted to Slice

Receipt Number: ..... Date of Meeting Approved: .....

Date Received: ..... Date letter/account Sent: .....