



# APPLICATION FOR MEMBERSHIP

## DICKSON TRADIES

ABN: 170 986 157 60

PO Box 498, DICKSON ACT 2602 02 6162 5656

I desire to become an ordinary member of the Canberra Tradesmen's Union Club Ltd & hereby agree, if elected to become a member of the Club, to be bound by the Rules of the Club. I have read and understand the Club's Privacy Policy.

- 1 Year Associate Membership = \$6.00       1 Year Associate Seniors Card Holder = \$4.00  
 3 Year Associate Membership = \$10.00

I certify that I am over 18 years of age.

**SURNAME** (Mr / Mrs / Ms / Miss )..... **M / F**

**FIRST NAME** ..... **MIDDLE NAME**.....

**ADDRESS** .....

**SUBURB** ..... **STATE**..... **POSTCODE**.....

**EMAIL ADDRESS** .....

**TELEPHONE** ..... BH (Mon-Fri 9am-5pm)

**TELEPHONE** ..... AH ..... Mobile

**OCCUPATION** .....

**DATE OF BIRTH** ...../...../.....

**SIGNATURE** .....

<u>I believe the candidate to be a suitable person to be elected member of the Club</u>	
<b>PROPOSER</b>	(Name in BLOCK LETTERS).....
<b>MEMBERSHIP NUMBER</b>	..... <b>DATE</b> .....
<b>SIGNATURE</b>	.....
<u>I believe the candidate to be a suitable person to be elected member of the Club</u>	
<b>SECONDER</b>	(Name in BLOCK LETTERS).....
<b>MEMBERSHIP NUMBER</b>	..... <b>DATE</b> .....
<b>SIGNATURE</b>	.....
<b>OFFICE USE ONLY</b>	
<b>DATE:</b> ...../...../.....	<b>MEMBERSHIP NUMBER</b> #.....
<b>MEMBERSHIP TYPE:</b> .....	<b>IDENTIFICATION:</b> <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Passport
<b>Amount Paid:</b> \$.....	
<b>WODEN MEMBERSHIP NUMBER:</b> .....	<b>ID NUMBER:</b> .....
<b>Woden Membership Expiry Date:</b> ...../...../.....	<b>Seniors Card (if applicable):</b> .....

**STAFF NAME:** .....