# Club Palm Beach
# Celebrating 60 Years
# Membership Application Form

Please circle the membership type & classification correct for you.

**Membership Type:** 1 Year $10 **OR** 3 Years $25

**Classification:** RSL **OR** ASSOCIATE

Mr Mrs Ms Miss **Date of Birth** ___/___/___

Given Name/s: _____

Surname: _____

Residential Address: _____

_____Postcode: _____

**Postal Address (if different from above)**

_____

_____ Postcode: _____

Home Phone: _____Mobile_____

Email: _____ Occupation_____

I hereby apply for membership of Club Palm Beach or Palm Beach RSL Sub Branch and I agree to abide by the club constitution and any rules, regulations and by-laws of the club. If my membership card is lost or stolen I will notify the club immediately and agree to pay for a replacement card.

*Signature:* _____

***Staff Use:***

***Membership Number:*** _____ ***Entered By:***_____

***Date:*** _____ ***Paid By:*** ***Cash*** ***or*** ***C/card*** ***(Please Circle)***