

AFFILIATED CLUBS

- Noble Park Football Club Inc.
- Noble Park Cricket Club Inc.
- Noble Park FS Angling Club Inc.
- Noble Park Golf Club Inc.
- Noble Park FS Darts Club Inc.
- Noble Park Football Club Juniors Inc.
- Noble Park Bowls Club Inc.
- Noble Park Community Tennis Club Inc.
- Noble Park Basketball Club Inc.



MEMBERSHIP APPLICATION / RENEWAL FORM

I _____ (Given Names) _____ (Surname)

Hereby apply to become a member of the Noble Park Football Social Club Ltd and agree to observe the rules and by-laws.
I am over the age of 18 years.

ADDRESS: No: _____ Street: _____
Suburb: _____ Postcode: _____

TELEPHONE: Home: _____ Mobile: _____

EMAIL: _____

DATE OF BIRTH: _____

MEMBERSHIP NO.: _____ RENEWAL APPLICATION

MEMBER OF AFFILIATED CLUBS (Please tick):

- | | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ANGLING | <input type="checkbox"/> BUSINESS | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> PAST PLAYERS |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> CRICKET | <input type="checkbox"/> GOLF | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> BOWLS | <input type="checkbox"/> DARTS | <input type="checkbox"/> NPFC JUNIORS | |

MEMBERSHIP FEE (Please tick):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 YEAR or: | <input type="checkbox"/> 3 YEARS: | <input type="checkbox"/> LIFE |
| <input type="checkbox"/> \$35.00 Full | <input type="checkbox"/> \$90 Full | |
| <input type="checkbox"/> \$20.00 Pensioner | <input type="checkbox"/> \$45 Pensioner | Pension No. _____ Seniors Card No. _____ |

PAYMENT DETAILS (Please tick): CASH CHEQUE CREDIT CARD

Credit Card Type: Mastercard Visa

Credit Card No.: ____/____/____/____ EXPIRY DATE: ____/____/____

Card Holder's Name: _____ Card Holder's Signature: _____

The Noble Park Football Social Club complies with the Australian National Privacy Principles and uses the above information for its own marketing purposes only. From time to time we would like to send you information about special offers, events, competitions, gaming and gaming promotions. Please TICK the box if you DO NOT want to receive this information:

1. Proposer's Full Name: _____ Member Number: _____ Signature: _____

2. Seconder's Full Name: _____ Member Number: _____ Signature: _____

Signature of Applicant: _____ Date: _____

PLEASE NOTE:

- Proposer/seconders' names are not required for renewals.
- Receipts for cash payments will only be issued between 9 am and 7 pm Monday to friday. Members making a cash payment out of these times will receive their receipt in the mail. If payment is made by cheque or credit card, a receipt will also be mailed out.

OFFICE USE ONLY:

Receipt Number: _____ Membership Expiry Date: ____/____/____ Card received
 H&L Entered ImpactData Entered Entered by: _____ (Please print name)