



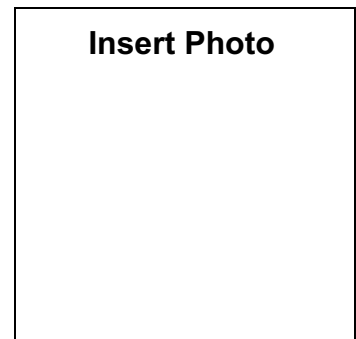
# SYDNEY PORTUGAL COMMUNITY CLUB

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## Membership Application Form

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### Personal Details



**Title**                     Mr.    Mrs.    Ms    Miss

**First Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Date of Birth (DOB)**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Street Address** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**State** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_

**Phone (Mobile)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Nationality** \_\_\_\_\_

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**Declarations**

- I hereby declare the details above are correct and that I am over 18 years of age.
- I hereby declare that I have read the terms and conditions.
- I agree to abide by the memorandum and rules of the Club.

| **Signature:** \_\_\_\_\_ | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |

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**Terms and Conditions**

1. The members' car park is free for club patrons only.
  2. If you lose your membership card, a replacement fee of \$11 will apply.
  3. All members must abide by the rules of the Club.
  4. The Board reserves the right to terminate membership if the above conditions are not followed.
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**OFFICE USE ONLY**

Membership	<input type="checkbox"/> Full	<input type="checkbox"/> Social	<input type="checkbox"/> Junior
Duration	<input type="checkbox"/> 1 year	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years

| **Valid Until:** \_\_\_\_\_ |

**Card Number** \_\_\_\_\_ **Receipt No** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

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**Submission Instructions**

Please return the completed form to:

**Email:** [info@sydneyportugalclub.com.au](mailto:info@sydneyportugalclub.com.au)

Alternatively, hand-deliver the form to the Club's reception at:

**Sydney Portugal Community Club**

100 Marrickville Road, Marrickville NSW 2204