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ABN 50 050 489 720

### CAIRNS RSL CLUB LTD. APPLICATION FOR STANDARD MEMBERSHIP

\$6.00 social membership (inc.gst), Subscription fee due 1st January each year

(Please circle)

MR MRS MISS MS OTHER

First Name

Middle Initial

Surname

D.O.B

Postal Address

Suburb

Postcode

State

Home Phone

Mobile

Email

Signature

Today's Date

Your signature above acknowledges the following:

I hereby make application to be enrolled as a club member of the Cairns RSL Club Ltd. I acknowledge that this is a concessional membership and does not entitle voting rights. I solemnly declare that the statements contained in this application are to the best of my knowledge true and correct in every particular. I hereby agree to abide by the constitution and by-laws of the club at all times. I acknowledge a copy of the clubs constitution is available from reception. I confirm that I am over the age of 18yrs and the information contained herein is true and correct.

## STAFF USE ONLY

ID SIGHTED?  AMOUNT PAID \$  RECEIPT #

DATE  TIME

RECEIPTED BY

STAFF NAME

MEMBERSHIP CARD #