



R O S E B A Y

1 Vickery Avenue, Rose Bay, NSW 2029
Telephone (02)93719412 Fax (02)93717800
Web: www.clubrosebay.com.au

APPLICATION FOR MEMBERSHIP

Applicant must bring this form along with photo identification for verification to the Club in person to complete their membership application.

To the Board of Directors

I DECLARE THAT I AM OVER THE AGE OF **EIGHTEEN (18)** AND IF ELECTED AGREE TO BE BOUND BY THE ARTICLES OF ASSOCIATION AND BY-LAWS OF THE CLUB

Name: Mr/Mrs/Miss/Ms _____

Address: _____
_____ P/C

Date of Birth: ___/___/___ Mobile Ph: _____ Home Ph: _____

Country of Birth: _____ Occupation: _____

E-mail: _____

I wish to be contacted by email **YES NO**

I Hereby make an application to join Club Rose Bay as a : ORDINARY MEMBER FULL MEMBER (EX-SERVICEMEN)

SUBJECT TO BOARD APPROVAL

House committee

Two Proposers: Name: _____ Badge No: _____ Signature: _____

Name: _____ Badge No: _____ Signature: _____

===== **OFFICE USE ONLY** =====

DATE OF APPLICATION _____ RECEIPT NO. _____ AMOUNT _____

MEMBER TYPE _____ BADGE NUMBER _____

IDENTIFICATION DETAILS _____

**Please complete
both sides to
complete
membership**

**HELP US PROVIDE EXCELLENT SERVICE AND FACILITIES
BY TELLING US WHAT YOU LIKE.**

DINING

Italian Steak & Grill Seafood Asian

OTHER: Please specify _____

DRINKS

Beer Wine Spirits Cocktails

OTHER: Please specify _____

SPORTS

League AFL Union Soccer

Cricket Tennis Boxing Golf

OTHER: Please specify _____

MUSIC & ENTERTAINMENT

Rock & Roll Country Pop R& B

Classical Karaoke Trivia

OTHER: Please specify _____

DATE: _____

SIGNATURE: _____