

BARELLAN & DISTRICT WAR MEMORIAL CLUB

NEW MEMBERSHIP FORM

FIRST NAME SURNAME

POSTAL ADDRESS

EMAIL MOBILE

DATE OF BIRTH OCCUPATION

NOMINATED BY YEARS KNOWN

SECONDED BY YEARS KNOWN

I agree to abide by the rules and regulations of this Club

DATE SIGNED

- Please choose an option**
- I am happy to collect a copy of the Annual Report from the Club
 - I would like the Annual Report mailed to me
 - I do not need a copy of the Annual Report

I certify that the above mentioned nominee is eligible for membership

Secretary Manager

OFFICE USE ONLY

MEMBER NO. REG

CARD LIST