



Vermont South Club
 30a Livingstone Road, Vermont South, 3133
 Postal Address: PO Box 6002, Vermont South, VIC 3133
 Phone: 1300 911 145
 Web: vermontsouthclub.com.au
 Email: info@vermontsouthclub.com.au

MEMBERSHIP APPLICATION FORM

Mr Mrs Miss Ms Dr	Surname:	Given Names:
	Address:	
Gender: Male /Female /Other		Contact Number:
Date of Birth:		Email Address:
Emergency Contact Details: (Name & Phone Number)		JUNIORS ONLY: Parent/Guardian Contact Details Name: Contact Number: Email:

Please list your memberships of other Clubs:	
I wish to apply for the following Membership Category: (Please Circle Sport & Category)	Bowls /Tennis /Darts <ul style="list-style-type: none"> • Adult • Concession: Veteran or Full-time Student • Junior • Friends of Vermont South • Family

I hereby apply for membership of the Vermont South Club and if accepted I will abide by all Club Rules and By-laws.

I understand that applications are subject to approval by the Club Committee of Management and the Club reserves the right to reject any application. If my application is rejected, a full refund will be given.

I agree to allow the Vermont South Club to provide my contact details to the controlling bodies of applicable sports for the purpose of player registration and membership services.

Total Payment Amount: \$_____

Will be paid by: ETPOS/Bank Transfer/Cash/Cheque

BSB: 633-000

Account number 13335 3961 (Include name as reference)

Applicant Signature: _____ Date: ___ / ___ / _____

I wish to nominate this applicant for membership of the Vermont South Club Inc		Club Use Only Date Received ____/____/____ Date Approved ____/____/____ Membership No _____
NOMINATOR: Name: _____	Signature: _____	
SECONDER: Name: _____	Signature: _____	