



St Kilda Sports Club Inc. Application for membership

..... First name Surname Other names
Address	
Preferred Telephone contact		
Do you agree for this phone number to be available to other members? Y / N		
Occupation	Date of birth / /	
E-Mail Address		

There is an annual fee of \$88(Incl. GST) for sports and \$44(Incl. GST) for social club membership, payable **only** upon approval of application.

You must be nominated by at least one current member of the section you apply for.

I apply for membership of the St Kilda Sports Club Inc. I understand that my postal and email address if provided, will be made available to other members, and that my email address, if provided, will be the primary means by which the club communicates with me. If accepted, I agree to be bound by the Rules of the Club and follow the code of conduct. Postal address, phone number and date of birth must be provided for your application to be accepted.

I apply for membership in the following category.

Social Member (no voting rights)	
Member, St Kilda Petanque Club	
Member, Emerald Hill Cricket Club	
Member, Lawn Bowling Section	
Member, Darts Section	

I have read and understand the rules with regards to my membership application contained herein.

Signature.....Date...../...../.....

Nominated by; (Must be a current member of the section applied for and satisfy following criteria) Member #.....

I,.....having been a member of the.....Section for more than six months nominate the above applicant for Membership of the Club. I have known the applicant for a period of at least **ONE MONTH** and find him/her to be of good character. I also agree to inform this person of the club rules and code of conduct, show them the clubs' facilities and introduce them to members of their section, once their application has been approved.

Signature.....Date...../...../.....

Seconded By;(Must be a current financial member)Member #.....

I, a member of St Kilda Sports Club Inc. second the nomination of the above applicant for Membership of the Club.

Signature.....Date...../...../.....

Staff use only.

New Member #	Paid Receipt attached y/n
Approved by Section Y / N	Date
Approved by Board Y / N	Date

Please make sure all details are filled out in full and are legible and paid receipt is attached when issuing card