



THE SUNSHINE CITY CLUB

APPLICATION FOR MEMBERSHIP 2024-25

I the undersigned wish to make this application for membership of The Sunshine City Club, and I declare that I have never been refused membership of, admission to, nor expelled from any other club for any reasons whatsoever. And should I be granted membership I hereby agree to be bound by and observe the constitution of The Sunshine City Club.

Applicant Please Print Your Details As Listed Below:

Surname: _____ DOB: ____ / ____ / ____

Given Names: _____

Home Address: _____

Postcode: _____

Suburb / City: _____

Phone Number: (____) _____ Mobile: _____

Email Address: _____

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY:

Received by the Administration Secretary on ____ / ____ / ____

Signed Administration Secretary: _____

SYSTEM ID:

MEM #:

Address: 24 Talmage St, Albion Vic 3020
ABN: 98 004 364 890