



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

**Car Registration:** \_\_\_\_\_ **Car park is strictly for members when using Club facilities only**

I Hereby make an application to join Club Rose Bay as a :

- ORDINARY MEMBER - ONE YEAR \$15
- ORDINARY MEMBER - THREE YEARS \$25.00
- ORDINARY MEMBER - FIVE YEARS \$35.00

**SUBJECT TO BOARD APPROVAL**

House committee

Two Proposers: Name: \_\_\_\_\_ Badge No: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Badge No: \_\_\_\_\_ Signature: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Player activity statement available on request.**  
**Club Rose Bay trading under Rose Bay RSL Club Co-Op Limited**

**OFFICE USE ONLY**

DATE OF APPLICATION: \_\_\_\_\_ RECEIPT No. \_\_\_\_\_ Amount: \_\_\_\_\_

MEMBER TYPE: \_\_\_\_\_ BADGE NUMBER: \_\_\_\_\_

IDENTIFICATION DETAILS: \_\_\_\_\_