



# West Wallsend Workers Club Ltd.

## Application For Membership

Carrington Street, West Wallsend 2286 ph. (02) 49532920 PO Box 21 West Wallsend 2286 NSW

Surname : Mr/Mrs/Ms/Miss \_\_\_\_\_ Other Name/s : \_\_\_\_\_

Address : \_\_\_\_\_ Postcode : \_\_\_\_\_

Occupation : \_\_\_\_\_ Date Of Birth : \_\_\_\_\_

I do hereby consent to be nominated for membership of the West Wallsend Workers Club Ltd. and I agree to be bound by the Memorandum and Articles of Association, by-laws and/or alterations thereto, if my nomination is accepted by the Board of Directors.

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Nominator : \_\_\_\_\_ Member Number : \_\_\_\_\_

Signature of Seconder : \_\_\_\_\_ Member Number : \_\_\_\_\_

### Office Use Only

Birth Date Verified

Fee Paid Rec Number

Member Number