



St John's Club Inc Application for Membership



Applicant to complete

Title: Mr Mrs Ms Miss (circle one)

First Names: _____ Last Name: _____

Email: _____

Address: _____

Date of Birth _____ Phone Number: _____ Mobile Number _____

Have you ever been refused membership or expelled from any chartered club? **YES/NO**
If YES, please advise name of Club and full details on the reverse of this form.

Have you ever been convicted of any crime within the Crimes Act? **YES/NO**
If YES, please advise of date and full details on the reverse of this form.

I hereby agree to abide by the rules of the club and certify that the information provided on this application form is correct. I acknowledge that if I have given false information, it could result in automatic cancellation of my application and/or membership.

Signed: _____ **Date:** _____

Proposer and Seconder to Complete

We believe this person to be of good character and worthy of recommendation for membership.

Proposer: _____ **Member No:** _____ **Signed:** _____

Proposer: _____ **Member No:** _____ **Signed:** _____

For Club Use Only

Member Number: _____ Amount Paid: _____

Receipt No: _____ Date Application Received: _____

