



W.T.B. Soccer Club Inc.

ABN 15 699 032 523

Cnr Saratoga Drive and Morphett Road, Novar Gardens SA 5040

Phone: 08 8376 2865 | Fax: 08 8295 2101



CLUB MEMBERSHIP APPLICATION FORM

Full Name:													
Date of Birth:													
Address:													
Mobile Phone No.:													
Email Address:													
Membership Application Type:	<p>Please select from the following forms of annual membership:</p> <table><thead><tr><th>Type</th><th>Annual Fee (GST Inc)</th><th></th></tr></thead><tbody><tr><td>Club Voting Member</td><td>\$50.00</td><td><input type="checkbox"/></td></tr><tr><td>Concessional Voting Member</td><td>\$30.00</td><td><input type="checkbox"/></td></tr><tr><td>Loyalty Card Holder</td><td>\$100.00</td><td><input type="checkbox"/></td></tr></tbody></table>	Type	Annual Fee (GST Inc)		Club Voting Member	\$50.00	<input type="checkbox"/>	Concessional Voting Member	\$30.00	<input type="checkbox"/>	Loyalty Card Holder	\$100.00	<input type="checkbox"/>
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Concessional Voting Member	\$30.00	<input type="checkbox"/>											
Loyalty Card Holder	\$100.00	<input type="checkbox"/>											
Payment Method:	<p>Please select from the following forms of payment:</p> <p>1. Cash /Credit Card in person at the Club (please attach receipt) <input type="checkbox"/></p> <p>2. I authorise WT Birkalla to process my card to the amount of the fee as indicated</p> <p>Card Payment: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Card Number: _____</p> <p>Exp: _____ CVC: _____</p> <p>3. Electronic Funds Transfer into Club's account (attach remittance) <input type="checkbox"/></p> <p>Account Name: WTB Soccer Club Inc. BSB: 105 124 Account No.: 043058840 Reference: NAME and Membership e.g: Smith Membership</p>												
Terms and Conditions:	<p>All members agree to be bound by the Constitution and Rules of the W.T. B. Soccer Club Inc and such other policies and procedures as adopted by the Club from time to time.</p> <p>Applicant Signature: _____</p> <p>Date: _____</p>												