



Membership Application

Member #: _____ Mr/Mrs/Ms/Miss/Other: _____
First Name: _____ Surname: _____
Address: _____
Phone: _____ Mobile: _____
Date of Birth: _____ Occupation: _____
Email: _____

Are you a member of another club? Yes No If yes which club? _____
Have you ever been a member of Logan Diggers? Yes No
Do you have children? Yes No If yes what ages? 0 - 3 3 - 12 12 - 17
What newspapers do you read most? (Max of two responses please)
 Albert & Logan News Reporter Newspaper Courier Mail Sunday Mail Other
Entertainment Preferences (Max of two responses please)
 Comedy Country Music Rock'n'Roll Cabaret
What era? 40 - 50's 60's 70's 80's 90's
I am a Smoker Non-Smoker

Statement of Applicant

I declare that I am over eighteen years of age. I agree to abide by the rules as per Logan Diggers Constitution & By Laws and all other rules & direction that may be, from time to time, imposed by Club Management and understand that my membership is not final until my application is approved. Should my application be rejected or terminated I will forfeit my membership card and all entitlements including those that I have accrued prior to my membership being rejected or terminated.

Applicant's Signature _____

Office Use Only

Date: _____ Receipt: _____ Amount Paid: _____
Proof of Identity - Type: _____ Witness: _____
Proof of Service/Relationship: _____
RSL Sub Branch Card Sighted: _____
Membership Category: _____

Approved: _____ Rejected: _____ Date: _____