



APPLICATION FOR ASSOCIATE MEMBERSHIP

Member No: _____ Mr/Mrs/Ms/Miss/Other: _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Post Code _____

Date of Birth: _____ (Optional) Occupation _____

Home Phone: _____ Mobile No: _____

Email Address: _____

What is your preferred Communication method? PHONE/ EMAIL/SMS/MAIL

Are you a member OR have you ever been a member of any other Licensed Club?
If yes, which one/s _____

PROOF OF IDENTITY (1 Photo I.D plus 1 Other Required):

Drivers License /Passport/ Over 18 Card _____

Medicare Card/ Pension Card/

Other _____

STATEMENT OF APPLICANT

I declare that I am over eighteen years of age and the information I have provided is true and accurate. I agree to abide by the rules as per the Logan Diggers Constitution and By Laws and all other rules and directions that may be, from time to time imposed by Club Management. I 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 _____

Date: _____

Date: _____ Receipt _____ Amount:\$ _____

Staff member: _____

Non Member Barred Checked Approved: Rejected: