



The Surf Club Coolangatta

Dine. Play. Enjoy.

NEW MEMBERS APPLICATION 2011-2012

Phone: 07 5536 4648

Email: reception@coolangattasurfclub.com

PO Box 826 Coolangatta QLD 4225

Membership applies from 1 July 2011 to 30 June 2012 - \$11.00

Mr/Mrs/Ms/Miss (Please circle)

First Name _____ Surname _____

Email: (please print clearly) _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (home) _____ Mobile _____ DOB _____

The personal information provided by you on this form will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. The club may use your information for marketing purposes.

DECLARATION I hereby agree to become a member of the Association and agree to abide by the Associations Rules and Conditions. I Certify I am 18yrs of age or over.

I give permission for the Club to disclose my personal information to reciprocal clubs to facilitate their Reciprocal arrangement.

Applications Signature _____

- Cheque: Payable to Coolangatta Surf Life Saving Supporters Club
- Credit Card: Visa/Mastercard

Name on Card _____

Credit Card Number: _____/_____/_____/_____

Type of Card: Visa/Mastercard (please circle)

Expiry Date _____/_____/_____ Amount _____

Signature _____

Office Use Only

Date Received _____ Paid _____ Cash/Cheque/Eftpos/Creditcard

ID _____



Multi Award
Winning
Club