

KEPPEL COAST COUNTRY MUSIC CLUB Inc

PO BOX 911
YEPPON QLD 4703

APPLICATION FOR MEMBERSHIP

SURNAME:.....

GIVEN NAMES:.....

ADDRESS:

PHONE: Home: **Work:** **Mobile:**.....

TYPE OF MEMBERSHIP (Please tick)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> SINGLE
\$15.00 | <input type="checkbox"/> FAMILY
\$25.00 | <input type="checkbox"/> PENSIONER
\$10.00 | <input type="checkbox"/> PENSIONER FAMILY
\$20.00 |
| <input type="checkbox"/> MUSICIAN | <input type="checkbox"/> SINGER | <input type="checkbox"/> GOOD LISTENER | |

PARTNER'S NAME:.....

CHILDREN: **DOB:**

.....

.....

.....

.....

SIGNATURE:..... **DATE:**.....

PROPOSED BY:.....

SECONDED BY:.....

Please note that all applications for membership must be proposed and seconded by financial members and must be accepted at a general meeting of the club.