



## Canberra Irish Club

### Membership Application

Please print and complete this application form and deliver or mail it, along with \*payment to:  
Canberra Irish Club, 6 Parkinson Street, Weston, ACT, 2611.

\*Please do not send cash via the mail.

#### Applicant Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Phone No. (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would you like regular event schedules and information from the Club?

Yes / No (please circle)

If you or a family members are affiliated with a sporting club(s) or cultural group(s) sponsored by the Club, please list them:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

I hereby apply for a membership of the Canberra Irish Club Incorporated.

I agree to abide by the constitution and by-laws of the Club and declare that I have attained the age of eighteen years.

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\*This section must be completed (with the exception of Associate Memberships)\*

The candidate is known to us, and is a person suitable to be elected to Club Membership.

Proposer (print): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Badge No: \_\_\_\_\_

Proposer (print): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Badge No: \_\_\_\_\_

Office Use Only			
Receipt Number	Date	Type	Badge Number