

MEMBERSHIP APPLICATION New/Renewal

	INCI 2 D	etails						
NAME	(Surname)	*				DATE	*	
	(First)	*				Membershi	p number if knowr	n
ADDRESS	Street	*						
	Town	*			State		Post Code	
D.O.B.	/	_/		*(i:	s a required field)			
Conta	act Det	tails						
Contact Ph	one Number		Mobile	*				
			Other					
			Email	*				
	Please NOTI		ail address v	vill be	the most commo	n form of co	ntact	
Mem	bershi	p fees	5					
	Single Mem	ber	\$25.0	00				
	Family Mem	bership	\$50.0	00				
	Family Members A separate form				me address Includes Ch	ildren under 18		
	E			=1	_			. ,,
	Electronic pa	ayments	932-000		•		nembership electro IAME AS A REFERE	•
	Account Numbe	<u>.</u>	<u>151254</u>		OR YOUR MEMB			
					YOU MUST EMA		YOUR MEMBERS	HIP FORM
Club Admi	n ONLY				to	scott@hast	ingsbrakes.com	
STOLD FACILITIE	II-ONEI							
mount Paid			\$			Date		
	Recei				Me	embership # Card Issued	Υ	N