



SILVER FAWN CLUB INC.

Founded 1970

NEW MEMBERSHIP - APPLICATION FORM

I hereby wish to become a Member of the Silver Fawn Club Inc., and I agree to be bound by the rules and regulations of the Club.

SURNAME: GIVEN NAMES:

SPOUSE/PARTNER SURNAME: GIVEN NAMES:

DEPENDENT CHILDREN (If not receiving a grant or income or is a full time student U25) NAMES & BIRTHDATES

1) DOB: 2) DOB:

3) DOB: 4) DOB:

RESIDENTIAL ADDRESS:

STATE: POSTCODE:

CONTACT DETAILS PHONE: (H) PHONE: (MOBILE):

EMAIL:

I can access Newsletters electronically** ☐ OR I wish to receive Newsletters by Post ☐

**** A copy will be sent to your email address in PDF Format. You will need "Adobe Reader" installed on your computer. You can download a free copy at "<https://adobe.com>".**

SIGNATURE: _____

DATE:

PROPOSED BY:
(Financial Member)

SIGNATURE: _____

SECONDED BY:
(Financial Member)

SIGNATURE: _____

MEMBERSHIP RATES - tick relevant box

Family:	\$30.00	<input type="checkbox"/>	Single	\$20.00	<input type="checkbox"/>
Pensioner - Family	\$20.00	<input type="checkbox"/>	Pensioner - Single	\$15.00	<input type="checkbox"/>
Interstate / Country	\$15.00	<input type="checkbox"/>	Student (no income)	\$10.00	<input type="checkbox"/>

PAYMENT METHOD USED: DIRECT DEPOSIT ☐ CASH ☐

- ♦ Direct Deposit: A/C Name: Silver Fawn Club Inc. Commonwealth Bank. BSB: 064 131 A/C: 00902934 (Ref: Your initials and Surname)
- ♦ Membership fees are from 1st February to 31st January and NOT for 12 months from the date of payment.
- ♦ This form should be completed and sent to the Membership Officer, Silver Fawn Club Inc., 8 Shuttle Place, Bridgeman Downs, QLD 4053