



**PACIFIC PALMS RECREATION CLUB LTD.**

The Lakesway, Pacific Palms, 2428

Phone: (02) 6554 0207 - Fax: (02) 6554 0527

Email: members@pprc.com.au

www.pprc.com.au

**APPLICATION FOR MEMBERSHIP**

I MR  
MRS (SURNAME) \_\_\_\_\_  
MS (Please Print)  
MISS

(CHRISTIAN NAMES) \_\_\_\_\_  
(Please Print)

Of \_\_\_\_\_ Street

\_\_\_\_\_ Town

State \_\_\_\_\_ Postcode \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Would you like a copy of the Clubs' Annual Report? By mail / by email / no thanks (please circle)

Being a person over the age of 18 years, do hereby make application to become a member of the Pacific Palms Recreation Club Ltd. And, if accepted, I hereby agree to be bound by the Memorandum and Articles of Association of the Pacific Palms Recreation Club Ltd.

\$10 One Year Membership

\$45 Five Year Membership

(Signed) \_\_\_\_\_ (New Member)

**NOMINATORS:** We, the undersigned, wish to nominate the above person for membership to this Club and we guarantee the above person to be over the age of 18 years.

Nominated By (Print Name) \_\_\_\_\_ Member No \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Seconded By (Print Name) \_\_\_\_\_ Member No \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Proposer and Seconder must both be members and both be over the age of 21 years).

**The Membership Fee must accompany this application when it is handed in for possible acceptance.**

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**OFFICE USE ONLY**

**\$10 One Year Membership**

**\$45 Five Year Membership**

Date: .....

Receipt No: .....

Accepted: .....

Badge No: .....