



**WARRUGANG SKI
CLUB LIMITED**
ABN 23 000 145 193

**Registered
Office:**
Website:
Postal Address:

LBW & Partners
845 Pacific Highway
CHATSWOOD NSW 2067
Warrugang.com
Box 1075 G P O
SYDNEY NSW 2001

APPLICATION FOR MEMBERSHIP

NAME:

ADDRESS:

..... **POST CODE:**

PHONE: Home: **Mobile:**

EMAIL ADDRESS:

Application for: New Full Membership Transfer of Membership from current full member
 Associate Membership (partner or child of member)

(Please note: If this is an application to transfer a membership or to use the credit in a member building levy to fund the cost of the membership, please attach a letter from the member consenting to those changes – a pro-forma letter is available on our website).

I am over 18 years of age and agree, if accepted as a Member of Warrugang Ski Club Limited, to be bound by the Company Constitution, its Privacy Policy, the Lodge Etiquette and any by-laws which may from time to time be in force. I further agree to honour my obligations as a Member particularly in respect of paying all subscriptions and other fees (i.e. lodge booking and accommodation fees for myself and for those whom I seek to accompany me at Warrugang) by the required dates.

PRIVACY POLICY

Warrugang collects and stores on file personal information concerning members names, postal, residential and email addresses, telephone numbers, and other information collected at the time of joining. Your personal information will not be made available by the Club, or any of its officers, other than to members of the club or to meet the requirements of law.

In order to meet the social objectives of the Warrugang, it is considered necessary that members are able to contact other members of the club. Warrugang will publish annually a current list of members and their phone numbers and where applicable email addresses.

APPLICANT’S SIGNATURE:..... **DATE:**.....

The abovenamed candidate is personally known to us and we believe him/her to be a suitable person to be elected a member of the Warrugang Ski Club Limited.

Members Signature:	Members Signature:
Members Name:	Members Name:

OTHER INFORMATION

It will help the Club anticipate likely demand for accommodation at the Lodge and in the planning of its activities if you would provide the following information.

How did you hear about the Club?

Is a family member a club member? If so, please give name and relationship:

Name: Relationship:

Please list your children and their date of birth:

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth:

If you have children, when would you want to take them to the Lodge in winter?

- In July school holidays
- In September school holidays
- Outside school holidays
- No preference

Are you likely to use the Lodge in summer for self-catered holidays?

Your occupation:

Is there a contribution you feel you could make to the Club, using your professional skills and experience or otherwise?

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If you have any questions or would like to discuss the merits of membership further, please telephone Tim Doubleday 0411 800 214 or email warrugang@tpg.com.au.

Office Use Only:

Date Received		Board meeting date		Date Accepted	
Date paid		Member No.		Associate. No.	

Please send this completed application to – The Secretary,
Warrugang Ski Club Ltd,
GPO Box 1075,
Sydney, NSW, 2001
or by email to warrugang@tpg.com.au