

Registered Office: 84

LBW & Partners 845 Pacific Highway CHATSWOOD NSW 2067

Website: Warrugang.com

APPLICATION FOR MEMBERSHIP

NAME:							
ADDRESS:							
	POST CODE:						
PHONE: Hon	ne:	Mobile:					
EMAIL ADDR	RESS:						
Application f	For: New Full Membership	Transfer of Membership from current full member partner or child of member)					
building levy		a membership or to use the credit in a member , please attach a letter from the member consenting e on our website).					
bound by the may from time in respect of p	Company Constitution, its Privacy to time be in force. I further agree baying all subscriptions and other fe	d as a Member of Warrugang Ski Club Limited, to be Policy, the Lodge Etiquette and any by-laws which e to honour my obligations as a Member particularly ees (i.e. lodge booking and accommodation fees for me at Warrugang) by the required dates.					
postal, resid at the time o	collects and stores on file person ential and email addresses, telep f joining. Your personal informa	nal information concerning members names, ohone numbers, and other information collected tion will not be made available by the Club, or the club or to meet the requirements of law.					
members are	e able to contact other members	Narrugang, it is considered necessary that of the club. Warrugang will publish annually a bers and where applicable email addresses.					
APPLICANT'	S SIGNATURE:	DATE:					
	med candidate is personally known a member of the Warrugang Ski Cl	to us and we believe him/her to be a suitable person lub Limited.					
Members Si	gnature:	Members Signature:					
Members Na	ame:	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	d their date of birth:						
Name:			. Date of Birth:					
Name:	Date of Birth:							
Name:		Da	te of Birth:					
Name:		Da	te of Birth:					
	Outside s No prefer	nber school holidays chool holidays ence dge in summer for se		-				
Is there a contribe experience or ot		eel you could make to	o the Club, u	sing your profess	ional skills and			
		r would like to discus 111 800 214 or email <u>y</u>			rther, please			
Office Use Only:								
Date Received		Board meeting date		Date Accepted				
Date paid		Member No.		Associate. No.				