



ALGESTER SPORTS INC
41 Endiandra St Algester 4115
ABN: 75 738 667 474
PHONE: 07 3273 7022 FAX: 07 3273 7221
EMAIL: info@algestersports.com.au

SOCIAL MEMBERSHIP APPLICATION

Title: MR / MRS / MS / MISS

First Name: _____

Surname: _____

Date of Birth: ____/____/____

Residential Address: _____

Suburb: _____ Postcode: _____ State: _____

Contact Phone Number: _____

Occupation: _____

Email Address: _____

How did you find out about the club? _____

Are you affiliated with a local sports club?

- Algester Little Athletics- ALAS
- Algester Hawks Basketball- AHB
- Calamvale Leopards - JNR AFC
- Other: _____

I hereby apply for membership and agree to abide by the rules and regulations of the Association. By signing this application form I give consent for the club to use the personal information contained in this application for the purpose of communications and to conduct research to identify and analyse the ongoing needs of members and may be combined with the member rewards program. The information you provide will be used to maintain your membership records and enable you to access and be provided with information about the services and benefits available to you as a member of the club.

Applicants Signature: _____ Date: _____

OFFICE USE ONLY

Identification: Type _____ Number: _____

Club Member Number: _____

Date Application Received: _____

Entered into the Computer and Card printed by: _____