

**APPLICATION FOR INDIVIDUAL MEMBERSHIP**

**Please complete this appliocation in BLOCK LETTERS, ensuring the upmost accuracy. This application must be accompanied by a $50 nomination fee.**

CANDIDATE’S SURNAME: ....................................................................................................................................

**APPLICATION FOR**

GIVEN NAMES: ...................................................................................................................................................... TITLE: ......................................DATE OF BIRTH: .................................MALE/FEMALE: ……………………………….

(DR. MR. REV. MRS. MISS. MS) (DD/MM/YYYY)

RESIDENTIAL ADDRESS: …………………………………………………………………………………………………… TOWN/SUBURB: ……………………………………………STATE: …………………………POST CODE: ……………. BUSINESS ADDRESS: ..........................................................................................................................................

TOWN/SUBURB: ……………………………………………STATE: …………………………POST CODE: ……………. POSTAL ADDRESS (IF DIFFERENT FROM ABOVE): ..................................................................................................

TOWN/SUBURB: ……………………………………………STATE: …………………………POST CODE: ……………. MOBILE PHONE: …………………………………...……… BUSINESS PHONE: ……..……………………………….…. EMAIL……………………………………………. ................................... ……………………………………………… OCCUPATION: .................................................................................... ...............................................................

ADDITIONAL CLUB MEMBERSHIPS: ......................................................................................................................

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Individual**:** $595

Junior $340

OVER 70 \*$595

Family partner $170

Distant\* (over 70kms) $595

FAMILY $765

\*DEPENDENT CHILDREN MUST BE BETWEEN 18-25 YEARS OF AGE AT THE TIME OF APPLICATION AND EITHER PARENT MUST HOLD AN INDIVIDUAL MEMBERSHIP. CONCESSION AVAILABLE FOR OVER 70 AND DISTANT MEMBERSHIPS. JUNIOR MEMBERSHIP FOR AGES 18-34 ONLY. PLEASE REFER TO THE SECRETARY MANAGER FOR TERMS & CONDITIONS

HAS THE CANDIDATE’S NAME BEEN SUBMITTED FOR MEMBERSHIP AT ANY OTHER CLUB AND SUBSEQUENTLY DECLINED OR WITHDRAWN? .............................................................................................................................................

HAS THE CANDIDATE BEEN SUSPENDED BY OR EXPELLED FROM ANY OTHER CLUB? ............................................

i certify that the above particulars are correct and I hereby apply to be admitted to membership of the Riverine Club ltd. and if elected, I agree to be bound by the memorandum and articles of association and by-laws of the club.

SIGNATURE OF CANDIDATE......................................................................... DATE ...............................................

Nominations will not be processed unless all the above details are completed. the lodgement of this application creates no rights and imposes no obligations upon the riverine club. no contract is thereby created. acceptance of the application will be evidenced by written acknowledgement of the application by the riverine club via post. Applicants must supply a physical address. both the proposer & seconder must be full and financial members. Corporate are required to each complete an individual membership application form.

**4 Sturt St | Wagga Wagga NSW 2640 | P: 0269 212 031 | E:** [**office@riverineclub.com**](mailto:office@riverineclub.com)[(Update](mailto:office@riverineclub.com) March 2023)

This nomination form must be completed on the reverse side by the proposer and seconder giving full particulars of the candidate both professionally and socially.

We, the undersigned, who are both full and financial members, wish to nominate the following candidate for membership of the riverine club

WE HEREBY NOMINATE FOR MEMBERSHIP OF THE RIVERINE CLUB

NAME OF PROPOSER:......................................................................... TIME KNOWN YEARS

SIGNATURE OF PROPOSER…………………………………………………DATE: …………………………………….. NAME OF SECONDER.......................................................................... TIME KNOWN YEARS

SIGNATURE OF SECONDER………………………………………………. DATE: ……………………….……………. NAME OF SUPPORTER……………………………………………………. ……………………………………………… SIGNATURE OF SUPPORTER……………………………………………… DATE: …………………………………….. NAME OF SUPPORTER…………………………………………………………………………………………………….. SIGNATURE OF SUPPORTER………………………………………………… DATE: …………………………………….

Candidate information to be completed by the proposer:

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......................................................................................................................................................................... SIGNATURE OF THE PROPOSER ...................................................................... DATE ............................................

Candidate information to be completed by the seconder

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SIGNATURE OF SECONDER ............................................................................. DATE ............................................

**Office Only**

RECEIVED ON THE .................................................. DAY OF ...................................................................... 20…..

CATEGORY OF MEMBERSHIP............................................SECRETARY……….....................................................