

## German Elub Gold Coast

## Deutscher Klub Gold Coast Limited

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OFFICE USE ONLY			
Membership Number:			

## Membership Application 2017—18

Please fill in the required sections and sign & date the form on completion.

You will need your form proposed and seconded by two (2) current members of the German Club Gold Coast.

One applicant per form.

Print clearly please.

Surname:	First Name:Middle Name:			
Date of Birth: / /	Country of Birth:			
Address:	City:	_State:	Post Code:	
Phone:	Mobile:	-		
E-Mail:		_		
Signature (Applicant)		_Date:		
Preferred Contact Method: (please tick Mail: E-Mail:	,	ook:		
Payment Options: Bank Transfer - Deutscher Klub Gold Coast Ltd BSB: 064 451 Account No: 1032 99 33 Please quote: Your Name in the reference line				
Charge my Credit Card - (please no AMEX or DC)  WSA  Please tick				
Card Number:		CCV Nyarh or		
Expiry Date: Month: Year	::	CCV Number (on the back)		
Name on Card:	(Cardholder'	s Signature)		
Proposed by:	Date:	Joining 1	Fee: \$ 10.00	
Seconded by:	Date:	Member	rship Fee: \$ 25.00	
Approved:	Date:	Total:	\$	