

# Augusta Margaret River Football & Netball Club

## 2024 Membership Application Form

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POST CODE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

**MEMBERSHIP TYPE**

- Single \$40,  Double \$50,  Family \$60,  Life Member \$5,  Pensioner \$10,
- Player \$250 **(PLEASE NOTE PLAYER MEMBERSHIPS DO NOT INCLUDE YOUR FAMILIES)**

DONATION TO CLUB – PLEASE NOTE AMOUNT \$ \_\_\_\_\_

100 CLUB PARTICIPATION – PLEASE NOTE AMOUNT \$ \_\_\_\_\_

WEEKLY PLAYER AWARD – PLEASE NOTE AMOUNT \$ \_\_\_\_\_

ANNUAL TROPHY AWARD – PLEASE NOTE AMOUNT \$ \_\_\_\_\_

TOTAL PAYABLE TO CLUB \$ \_\_\_\_\_

**CASH, EFTPOS OR DIRECT CREDIT**

If the application is for a **FAMILY** please complete this section for each family member other than the main member named above.

Member's First Name	Member's Surname	Spouse / Child	Date of Birth	Male / Female

- I hereby apply for Membership of the AMRFNC
- I wish for my email address to be used as my address in the Club Members Register.
- I will abide by all the Rules and Regulations of the AMRFNC

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Signature: \_\_\_\_\_

**Direct Credit to AMRFNC**

BSB 306-021 Account No. 4433019

\*Please put your name as Reference

Email address: [amrfc@westnet.com.au](mailto:amrfc@westnet.com.au)