



ALGESTER SPORTS INC  
41 Endiandra St Algester 4115  
ABN: 42 186 171 143  
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EMAIL: info@algestersports.com.au

## SOCIAL MEMBERSHIP APPLICATION

Title: MR / MRS / MS / MISS

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

Mobile 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: \_\_\_\_\_

Member Photo Taken: YES NO

Club Member Number: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Entered into the Computer and Card printed by: \_\_\_\_\_

Email address, mobile phone number and Driver's Licence must be provided for membership validity.