

Associate Membership 2008/2009

Yearly Subscription \$7.00 (Exp 31st Aug 2009)

PLEASE PRINT CLEARLY AND ENTER ALL CONTACT DETAILS REQUIRED.

New Application or Renewal

Title: Mr Mrs Miss Other _____

First Name: _____ Last Name: _____

Postal Address: _____

City: _____ State: _____ Postcode: _____

Contact Phone No.: _____ Date of Birth: _____

Please indicate if you would like to receive the club newsletter & other updates? Yes No
If so, what is the preferable method of delivery? Mail Email

Contact Email: _____

I agree to be bound by the Rules and By-laws of the club. As per PCSC Constitution, acceptance of membership will be at the next meeting of the PCSC Executive Committee.
Temporary membership is given until this time.

Signed: _____ Date: _____

OFFICE USE ONLY

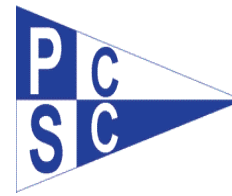
Date Received: _____ Amount: _____ Receipt No.: _____

Member No.: _____ Card Printed: Y N Approved by: _____

Identification provided: D/L 18+ Medicare Bankcard Pension Passport

Proposer: _____

Seconded: _____



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