

**TERRIGAL RUGBY CLUB INC**  
**Membership Application 2020**



**Membership Packages 2020**

**Members Package** **\$5**

- Invitation to Special Events
- Terrigal Rugby Club beer holder
- Email copy of Club Newsletter
- Voting rights at AGM

-----  
 \*Note that members must be 18 years old.

Non Player/Social \$5

**Payment options:**

- 1. Cheques payable to Terrigal Rugby Club.  
and mailed with form to The Secretary, PO Box 2, Terrigal 2260**
- 2. Direct deposit to Terrigal Rugby Club:  
BSB 012 621      A/C 4603 04267  
Reference: 66666 Surname (eg. 66666 Smith)**
- 3. Payment by Visa or Mastercard only**

<i>Which card?</i>	<i>Name on Card</i>	<i>Credit Card Numbers</i>	<i>Expiry Date</i>	<i>CVN No.</i>

Card Holders Signature .....

Credit card surcharges of 3% for Visa and MasterCard, will apply when paying by credit card. You authorise us to charge all fees incurred by you in relation to the services provided to the credit card designated by you. If payment is not received from the card issuer or its agents for any reason, you agree to pay us all amounts due immediately on demand including any resulting costs, bank fees or charges

**Please ensure that your membership application is either emailed to [terrigrugby@gmail.com](mailto:terrigrugby@gmail.com) or mailed to PO Box 2, Terrigal 2260**  
**Any enquiries to [terrigrugby@gmail.com](mailto:terrigrugby@gmail.com)**

**APPLICATION FOR MEMBERSHIP OF  
TERRIGAL RUGBY CLUB INC.  
2020**

Terrigal Rugby Club Inc (*incorporated under the Associations Incorporation Act 2009*).

I, .....  
*(full name of applicant)*

of.....  
*(address)*

.....  
*(Email Address)* .....  
*(Telephone Number)*

.....hereby apply to become a  
*(occupation)*

member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

.....  
*Signature of applicant*

Date.....

I, .....a member of the association  
*(full name)*

Nominate the applicant, who is personally known to me for membership of the association.

.....  
*Signature of proposer*

Date.....

I, .....a member of the association *(full name)*

Second the nomination of the applicant, who is personally known to me for membership of the association.

.....  
*Signature of seconder*

Date.....

**Membership Application 2020**

