Associate Membership Application Form

Ormond Senior Citizens Club Inc. (OSCC Inc.) Registration Number: A0013602X 2 Newham Grove, Ormond, VIC, 3204

I wish to become an Associate Member of the Ormond Senior Citizens Club and agree to abide by the Club Constitution. I will reapply every year until I am 55 years of age. My \$30 associate membership fee is deposited to the account listed below and the Form handed out to a Committee Member	
First Name	Surname
Mobile	Date of Birth / /
Address	
Suburb	Post Code
Please type out your email addre	ess clearly to prevent any errors
Please tick \checkmark all relevant groups you will be attending	
 Bridge Yoga Zumba Art Group Social Events Other Next of Kin or Emergency Contact	 Table Tennis Dancing Group Billiards Poetry Group Bards Group
Name	
	Mobile
Your Signature	Date//
Please send a \$30 associate membe	ership fee to the following account:
Ormond Senior Citizens Club BSB: 083136 ACC: 179702466 Reference: Your Full Name – AM fee	
Please ensure that this form is su	bmitted to a Committee Member for their review
Name of Committee Member who collected th	e membership form and fee
Approved / Decline	Date / /