



REPLY TO:

Mr Matthew Will, 15 Gorge Road, Trevallyn, 7250
Or preferably send a scanned copy to
secretary@toorbunna.org.au

APPLICATION FOR MEMBERSHIP

I wish to apply for membership of the Toorbunna Ski Club Inc. I confirm that I am at least 18 years old and that if successful, I will accept the benefits and responsibilities of membership as set out in the Club's Constitution.

Signature of person applying for membership:

Date of application:

My contact address is

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My Mobile contact number is:

My email contact is:

I, hereby nominate the abovementioned person for membership of the Toorbunna Ski Club Inc.

Nominator's signature:

Date of nominating:

I, hereby second the abovementioned person for membership of the Toorbunna Ski Club Inc.

Seconders signature:

Date of seconding:

Please add any further information that may assist the application.