

# MEMBERSHIP APPLICATION

## MEMBERSHIP FEES

\$50.00 for TWO YEARS

\$30.00 for ONE YEAR

\$10.00 for TWO YEARS AGED PENSION

\$5.00 for ONE YEAR AGED PENSION

## AS A VALUED MEMBER YOU WILL RECEIVE:

\* Free entry to Premier League stand alone home games

\* A specially struck Membership medallion

\* Ongoing discounts for West's merchandise

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mobile) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OTHER MEMBERSHIPS: \_\_\_\_\_

## Why Would YOU Like to Become a Member?

1. What motivated you to apply for membership? \_\_\_\_\_
2. How long have you been a WESTS supporter? \_\_\_\_\_
3. What do you like most about WESTS? \_\_\_\_\_
4. How did you become a WESTS supporter? \_\_\_\_\_
5. What do you think WESTS can improve on? \_\_\_\_\_
6. How many WESTS home games would you attend per year? \_\_\_\_\_
7. Do you bring your family/friends to games? \_\_\_\_\_  
(a) If YES - how many... Children: \_\_\_\_\_ Adults: \_\_\_\_\_
8. Do your children currently play Rugby League? YES/NO  
(a) If NOT, have they played? YES/NO  
(b) If YES, who for? \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for membership of the WESTERN SUBURBS DISTRICT RUGBY LEAGUE FOOTBALL CLUB LIMITED.

I understand that if my application is accepted I shall become bound by the provisions of the club's Memorandum and Articles of Association and by the provisions of the Memorandum of Associate and Rules and Regulations of the New South Wales Rugby League Limited and I undertake to observe such provisions.

I also understand that your Club's acceptance of my application can have no force or effect or confer any rights on me unless my application is also endorsed as acceptable by the New South Wales Rugby League Limited and that the league may refuse such endorsement in its absolute discretion and without giving reasons for such refusal. I authorise your Club and the League to make such enquiries as are thought necessary in relation to my application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PROPOSER: Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

SECONDER: Name \_\_\_\_\_ Membership No: \_\_\_\_\_

NOTE: Membership of the Football Club must be held for a minimum of three years (3) before members receive voting rights.

Return to: Wests Football Club, PO Box 642, Liverpool NSW 1870

PAYMENT AUTHORISATION

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CASH

Cash payments can be made in person at the Football Club Office.

Please Note:

The Club will not be held responsible for Cash payments sent by post that are lost or stolen.

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CHEQUE / MONEY ORDER

Please make Cheques and Money Orders payable to: Western Suburbs DRLFC Ltd

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CREDIT CARD (We accept Bankcard, Visa and MasterCard only!)

Membership Type: (Tick One)       \$50 - 2 YEARS       \$10 - AGED PENSION 2 YEARS  
 \$30 - 1 YEAR       \$5 - AGED PENSION 1 YEAR

Card Type: (Please Circle One)      BANKCARD      MASTERCARD      VISA

Credit Card Name: \_\_\_\_\_

Credit Card Number: - - - - -

Credit Card Expiry Date: \_ \_ / 2 0 \_ \_ (mm/yyyy)

Card Holders Signature: \_\_\_\_\_

I \_\_\_\_\_, understand that if my membership application is successful, Western Suburbs District Rugby League Football Club Ltd will charge my Credit Card the appropriate fee for the Membership Type I have selected on this form. I also acknowledge I am fully authorised to use the Credit Card who's details I have provided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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For membership renewals please use the 'Membership Renewal Form' available from the Website.