



Membership Application

UNIVERSITY SKI CLUB

ABN 33 004 276 260

Return to:
Membership Secretary
PO Box 93
Sandown Village 3171

I, Dr Prof Mr Mrs Miss Ms (Please circle one)

First Name _____ Surname _____

hereby apply for membership of the University Ski Club.
I agree to accept and abide by all its rules and regulations.

Address: _____

City: _____ State: _____ Postcode: _____

Business Phone : _____ Private Phone: _____ Mobile: _____

Fax: _____ Email: _____

University attended: _____ From _____ to _____

Faculty or course: _____

Graduate Degree/Undergraduate/Diploma: _____

Date of Birth: ____/____/____

Are you the child of a current member: Yes / No

Signature of Applicant: _____ Date: ____/____/____

Proposer*: _____ Name: _____
SIGNATURE IN BLOCK LETTERS

Seconder*: _____ Name: _____
SIGNATURE IN BLOCK LETTERS

* Proposer and Seconder must be financial members

FOR OFFICE USE ONLY

Received _____ 20 ____

Minuted _____ 20 ____

L1 _____

Prop. F _____

Sec. F _____

W.P. Lodge _____

On W.L. _____

L2 _____

Fees Paid _____

Date: _____

Date: _____

Offered Membership _____ Date: _____

Date: _____