MELBOURNE CRICKET CLUB
PO Box 175 East Melbourne Victoria 8002 Australia

APPLICATION FOR MEMBERSHIP

Please complete this application in **BLOCK LETTERS**, ensuring the utmost accuracy to avoid any problems in the future.
This application must be accompanied by nomination fee of **$66.00** (incl GST)

OFFICE USE ONLY	
FILE No	
DATE REGISTERED	

We, the undersigned, who are both Full members of the club, wish to nominate the following candidate for membership of the Melbourne Cricket Club: DATE D D M M Y Y Y Y

SURNAME

FIRST & MIDDLE NAMES

MR/MRS/MISS/MS/OTHER

DATE OF BIRTH D D M M Y Y Y Y GENDER (PLEASE CROSS) MALE ☐ FEMALE ☐

RESIDENTIAL ADDRESS

SUBURB STATE POST CODE

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

SUBURB STATE POST CODE

HOME (PH) BUSINESS (PH)

MOBILE (PH)

EMAIL @

DOES THE CANDIDATE WISH TO RECEIVE EMAILS FROM THE CLUB AT THE ABOVE ADDRESS? (PLEASE CROSS) YES ☐ NO ☐

AFL TEAM SUPPORTED (IF APPLICABLE)

SIGNATURE OF CANDIDATE (SIGNATURE REQUIRED IF 18 YEARS OF AGE OR OVER)

NOMINATIONS WILL NOT BE PROCESSED UNLESS:

- All above details are completed including date of birth.
- Both proposer and seconder are Full financial members. (Restricted members are not able to propose or second candidates.)
- An adult candidate has personally signed the form.
- Credit card payment details are completed below. (If paying by cheque or money order, please include but do not staple to form.)

PROPOSER:

MEMBERSHIP CARD NUMBER

SURNAME

FIRST NAME & INITIALS

SIGNATURE

SECONDER:

MEMBERSHIP CARD NUMBER

SURNAME

FIRST NAME & INITIALS

SIGNATURE

PLEASE NOTE:

The lodgement of this application creates no rights for the applicant and imposes no obligations upon the Melbourne Cricket Club. No contract is thereby created. Acceptance of the application will be evidenced only by the issue by the club of a written acknowledgement of the application.

PAYMENT DETAILS (PLEASE CROSS) CASH ☐ CHEQUE ☐ MASTERCARD ☐ VISA ☐

IF PAYING BY CHEQUE, PLEASE MAKE PAYABLE TO "THE MELBOURNE CRICKET CLUB". TOTAL AMOUNT $ 6 6 0 0

CREDIT CARD NUMBER – – – EXPIRY DATE M M Y Y

CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE