



MEMBERSHIP APPLICATION FORM

MCC YOUNG MEMBERS CLUB

Full Name:	
Address:	
	Postcode:
Email:	
Home Phone:	
Work Phone:	
Mobile:	
Photo ID Number:	
File Number: (if known)	

I am happy to be contacted via email: Yes No

I am a financial member of the Melbourne Cricket Club and agree to be bound by the rules of the Young Members Club.

Signature: _____

Please return completed form to:

MCC Member and Customer Services
Melbourne Cricket Club
PO Box 175
EAST MELBOURNE 8002
Fax: (03) 9650 5682
Email: specialinterestgroups@mcc.org.au

Your details will be added to the Young Members Club distribution list and you will then receive information on upcoming Young Members functions.

OFFICE USE ONLY:

Date Received: