

**NOMINATION FOR MEMBERSHIP**

Type of Membership (Ordinary/Associate):

First Name:

Surname:

Date of Birth:

Occupation:

Address:

Suburb:

State:

Postcode:

Email:

Telephone Home:

Mobile:

Name of Spouse or Partner:

Other Dependants:

I hereby request you to consider my application for Membership of the CSI Club and I agree to be bound by the Memorandum and Articles of CSI Sport and Recreation Club Limited and any Rules, Regulations and By-Laws of the Club from time to time in force.

Signature of Applicant:

Date:

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Proposed by:

Badge No:

Signature:

Seconded by:

Badge No:

Signature:

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**OFFICE USE ONLY**

Date of Application Posting:

Date of Acceptance:

Date Paid:

Receipt No:

Membership No: