**NOMINATION FOR MEMBERSHIP**

Type of Membership (Associate): $5.00 annually

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:

Proposed by: Badge No: Signature:

Seconded by: Badge No: Signature:

OFFICE USE ONLY

Date of Application Posting: Date of Acceptance:

Date Paid: Receipt No: Membership No: