



MEMBERSHIP APPLICATION FORM

Renewal

New Membership

Name: _____

Address

No. Street: _____

Suburb/Town: _____ State: _____ Post Code: _____

Contact Details

Preferred contact number/s: _____

Email: _____

Blower format

Postal, email or both: _____

Officials licence

Yes/No: _____ If Yes what grade ie, general: _____

Membership types

1 Year	3 Year	Type
\$15	n/a	Full time RMIT University Students
\$20	n/a	Part time RMIT University Students
\$20	n/a	Full time Student
\$30	\$80	Full CCRMIT Member
\$40	\$110	Couple/Family living at same address
\$10 fee for priority issue (membership card issued within 2 working days)		

Club use only

Member # _____

Payment _____

Entered into DB _____

Card prepared _____

Card Sent _____

Expiry ___/___/___

Membership type requested: _____ Amount paid: _____

Payment

Cheques: payable to "CCRMIT" and sent with this form to Murray Price, PO Box 560, East Bentleigh VIC 3165

Direct deposit: BSB 063262; Acct 10069719; Reference "Member-surname" please email your receipt number and a copy of this form to secretary@ccrmit.com

CCRMIT values your privacy; information provided will only be used for the organising of CCRMIT activities. If you have any concerns please do not hesitate to contact the membership secretary.