



24 Sussex Street, Cabramatta, NSW. 2166
 Phone: 02 9727 8788
 cabraleagues.com.au

APPLICATION FOR MEMBERSHIP

TITLE: _____ FIRST NAME: _____ LAST NAME: _____

RESIDENTIAL ADDRESS: _____

SUBURB: _____ STATE: _____ P/CODE: _____

PHONE (H): _____ (W): _____ (M): _____

EMAIL: _____ DOB: _____

PASSPORT/LICENSE/ID: _____ OCCUPATION: _____

COUNTRY OF BIRTH: _____ PREFERRED LANGUAGE: _____

CRLC PHOENIX AB SPORTS & REC AB EX-SERVICE GERMAN AUSTRIAN - To be approved by GAS Committee

DECLARATION

I, THE ABOVE MENTIONED NOMINEE DO FULLY UNDERSTAND THAT I CANNOT BE ELECTED AS A MEMBER OF THE CLUB UNTIL THE BOARD OF DIRECTORS MEETING FOLLOWING THE EXPIRATION OF FOURTEEN(14) DAYS FROM THE DATE HEREON.
 IF DULLY ELECTED TO THE CLUB, I HEREBY AGREE TO ABIDE BY THE MEMORANDUM AND ARTICLES OF ASSOCIATION OF THE COMPANY.

SIGNATURE OF NOMINEE: _____ DATE: _____

1 YEAR 2 YEARS 5 YEARS

ARTICLE 3 - QUALIFICATION OF MEMBERS

(A)NO PERSON UNDER THE AGE OF EIGHTEEN (18) YEARS SHALL BE ADMITTED TO MEMBERSHIP OF CLUB
 (B)THE QUALIFICATION OF ORDINARY MEMBERSHIP SHALL BE THAT THEY ARE PERSON WHO AT THE DATE OF ELECTION TO MEMBERSHIP

- (I)PLAYERS OF RUGBY LEAUGES FOOTBALL; OR
- (II)PERSONS WHO HAVE BEEN PLAYERS OF RUGBY LEAGUES; OR
- (III)PERSONS WHO ARE HOLDERS OF OFFICIAL POSITIONS IN ANY ORGANISATION OR CLUB CONTROLLING THE PLAYING OF RUGBY LEAGUE FOOTBALL; OR
- (IV)PERSONS WHO HAVE PREVIOUSLY HELD SUCH POSITIONS AS ARE REFERRED TO IN THE PREVIOUS PARAGRAPH; OR
- (V)PERSONS WHO SATISFY THE DIRECTORS THAT BY REASON OF CONSISTENT ATTENDANCE AT RUGBY LEAGUE MATCHES OR PERSONAL EFFORT IN RELATION TO THE ORGANISATION COACHING MANAGING OR OTHERWISE CARRYING OUT WORK REGARDED AS GIVING SUBSTANTIAL SUPPORT TO RUGBY LEAGUE.
- (VI)SUCH OTHER PERSSON WHO MAY MAKE APPLICATION IN ACCORDANCE WITH THESE ARTICLES FOR ORDINARY MEMBERSHIP OF THE CLUB AND WHO IN THE OPINION OF THE BOARD ARE SUITABLE TO BE ADMITTED AS ORDINARY MEMBER OF THE CLUB

PRIVACY STATEMENT

CABRAMATTA RUGBY LEAGUE CLUB LIMITED COLLECTS PERSONAL INFORMATION TO PROCESS YOUR MEMBERSHIP. UNLESS YOU OTHERWISE REQUEST, WE MAY USE THIS INFORMATION TO NOTIFY YOU OF ANY PROMOTIONS, OFFERS OR INFORMATIONS.

IF YOU DO NOT WISH TO RECIEVE FURTHER CORRESPONDENCE FROM CABRAMATTARUGBY LEAGUE CLUB LIMIED PLEASE TICK THE BOX. BELOW.

OFFICE USE ONLY

DATE PASSED BY BOARD: _____

RECEIPT #: _____

MEMBER # ISSUED: _____

ACTION DATE: _____

SECRETARY MANAGER: _____

DATE OF APPLICATION: _____