



WESTERN SUBURBS MAGPIES



MEMBERSHIP APPLICATION / RENEWAL FORM

FULL NAME: _____ DOB: ____ / ____ / ____

ADDRESS: _____ STATE: _____

SUBURB: _____ POSTCODE: _____ PHONE: _____

EMAIL: _____

I AM CURRENTLY A MEMBER OF: HOLMAN BARNES GROUP WESTS TIGERS

MEMBERSHIP TYPE (Please circle):

FIVE YEAR OPTION (BEST VALUE):	TWO YEAR OPTION:	ONE YEAR OPTION:
\$99.00 for Adults	\$50.00 for Adults	\$30.00 for Adults
\$20.00 for Aged Pensioner	\$30.00 for Pratten Park Magpies Members	\$20.00 for Pratten Park Magpies Members
	\$15.00 for Junior Magpie (Under 16)	\$10.00 for Junior Magpie
	\$10.00 for Aged Pensioner	\$5.00 for Aged Pensioner

I, _____, hereby apply for membership of the **Western Suburbs District Rugby League Football Club Limited**.

I understand that if my application is accepted, I shall become bound by the provisions of the club's Memorandum and Articles of Association and by the provisions of the Memorandum of Associate and Rules and Regulations of the New South Wales Rugby League Limited and I undertake to observe such provisions.

I also understand that your Club's acceptance of my application can have no force or effect or confer any rights on me unless my application is also endorsed as acceptable by the New South Wales Rugby League Limited and that the league may refuse such endorsement in its absolute discretion and without giving reasons for such refusal. I authorise your Club and the League to make such enquiries as are thought necessary in relation to my application.

SIGNED: _____ DATED: ____ / ____ / ____

Membership of the Football Club must be held for a minimum of three years (3) before members receive voting rights.

PAYMENT METHOD	
ONLINE (Preferred): Online payments can be made via the Club Website - www.westsmagpies.com.au	
CHEQUE / MONEY ORDER: Please make payable to: Western Suburbs DRLFC Ltd	
CREDIT CARD: Card Type (Please circle one):	MASTERCARD VISA
Name on Card: _____	Credit Card Number: _____
Expiry Date ____ / ____ (mm/yyyy)	3 Digit Security Code (Located on the back of card): _____
Card Holder's Signature: _____	

Please return this application to: **WSDRLFC Membership, PO Box 47, Ramsgate, NSW, 2217**