

EAST BURWOOD FOOTBALL CLUB INC.

MEMBERSHIP APPLICATION FORM FOR SEASON 2017



MEMEBERSHIP DETAILS:

FULL NAME:

PARTNER'S NAME IF APPLICABLE:

BUSINESS NAME FOR SPONSOSHIP:

POSTAL ADDRESS:

CONTACT TELEPHONE:

EMAIL ADDRESS:

MEMBERSHIP CATEGORIES:

PRESIDENT'S CLUB - \$525.00

PRESIDENT'S CLUB WITH PARTNER - \$800

RAMROD - \$225

RAMROD WITH PARTNER - \$350

RAM / ANGEL - \$100

DONATION TOWARDS 2017 FIGHTING FUND

RAM / ANGEL / CONCESSION \$ 50

SPONSOR MEMBER - \$.....

TOTAL AMOUNT PAID:

METHOD OF PAYMENT:

CASH

CHEQUE

CREDIT CARD

<p>DIRECT CREDIT TO EBFC BANK:</p> <p>BENDIGO BANK BSB 633 -100 ACCOUNT NUMBER: 139850432</p>

CREDIT CARD DETAILS:

VISA OR MASTERCARD

CARD HOLDER NAME:

CARD NUMBER:

CARD EXPIRY DATE:

I agree as a member of the East Burwood Football Club Inc to be bound by the Rules of Association of the Club and the code of conduct contained within those rules.

Signature:

Date:

East Burwood Football Club Inc.

ABN: 65 935 517 668

PO Box 6116, Vermont South, Victoria, 3133.

Email: eastburwoodfc.secretary@gmail.com

CLUB TICKER NUMBER ISSUED:.....