

SYDNEY MARATHON CLINIC AMATEUR ATHLETICS CLUB INC.

(Incorporated under the Associations Incorporations Act, 1984)

APPLICATION FOR MEMBERSHIP

I/We,
of
Suburb Postcode

Date of Birth ____/____/____ Sex _____

Phone (H) (____) _____ (W) (____) _____ (M) _____

Email: _____

hereby apply for membership of SYDNEY MARATHON CLINIC A.A.C. Inc., also known as SMC AAC Inc. In the event of my admission as a member, I agree to abide by the rules, regulations and constitution of SMC AAC Inc.

Signature _____ Date ____/____/____

Additional Family Members (Family Membership Only)

Name: _____ Date of Birth: ____/____/____ Sex: _____

Name: _____ Date of Birth: ____/____/____ Sex: _____

Name: _____ Date of Birth: ____/____/____ Sex: _____

Name: _____ Date of Birth: ____/____/____ Sex: _____

Name: _____ Date of Birth: ____/____/____ Sex: _____

New Members Only

I, as a member of SMC AAC Inc. wish to nominate

(please print Name) _____

whom I have known for _____ years, for membership of SMC AAC Inc.

Proposers Name _____ SMC AAC Inc. Membership No: _____

Signature _____ Date _____

I, as a member of SMC AAC Inc. wish to second the nomination of

(please print Name) _____

whom I have known for _____ years, for membership of SMC AAC Inc.

Seconders Name _____ SMC AAC Inc. Membership No: _____

Signature _____ Date _____

Office Use Only

Membership approved / not approved.

New / Renewal

Club No: _____

Club Fee Paid: Adult

Junior (Under 20, Full Time Student)

Family Immediate

Family is defined as immediate, where children are dependant children

Registrar's Signature _____ Date ____/____/____