



ASSOCIATE MEMBERSHIP APPLICATION

www.riverinatoranaclub.com

Surname

Given Names

Age **Date of Birth** **Gender** M/F

Postal Address.....

Phone No

Mobile

Email

Do you own a car? Yes/No If yes what make and type?.....

How did you hear about the Riverina Torana Club?.....
.....

Membership conditions are as follows:

MEMBERSHIP FEES

Membership fee is \$20.00 per year: Membership includes: a membership card which entitles the bearer to club discounts at selected stores and access to the club website.

MEETINGS

Meetings are held on the 2nd Tuesday of each month at the Koorngal Hotel function room commencing at 7pm. When attending club meetings a donation of \$2 is requested.

All members will abide by all conditions of laws as stated in the Club's constitution and shall not in any way denigrate the Club or give it a bad name within the community

I agree to the above conditions of membership

Signed **Date**

PLEASE NOTE THE INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL AND WILL NOT BE DISCLOSED OUTSIDE THE CLUB COMMITTEE WITHOUT THE PERMISSION OF THE APPLICANT.

Mail to: Michael Smith, 2 Buchanan Street, Wagga Wagga, 2650

OFFICE USE ONLY

President Vice President

Membership No