

2012/13 GABBA MEMBERSHIP FAMILY APPLICATION FORM

Primary Member Contact Details

Mr Mrs Miss Ms Dr Other _____

Given Names: _____

Surname: _____

Date of Birth: _____

Gender: Male Female Shirt Size: _____ Occupation: _____

Contact Details for Correspondence

Street Address: _____ Home Phone: _____

Suburb: _____ Business Phone: _____

City: _____ Mobile Phone: _____

State/ Province: _____ Fax Number: _____

Country _____ Email Address: _____

Post Code: _____

I hereby apply for membership of The Gabba and agree to observe and abide by the Rules of The Gabba and all Policies and Procedures which The Gabba may from time to time determine.

Signature: _____ Date: _____

Fees and Charges (Please select from one of the following options)

Family Joining Fee **\$990.00** One off fee payable on joining the Membership Program

Annual Fee **From 1 June 2013 – New Member Promo**
 (Membership Year Runs between 1 September – 31 August each year)

Parental Memberships 1 or 2 **2012-2013 Annual Fee Waived** Maximum of two parents per family membership

Child 1 Membership **2012-2013 Annual Fee Waived**

Child 2 Membership **2012-2013 Annual Fee Waived**

Child 3 Membership **2012-2013 Annual Fee Waived**

Please select from one of the following payment types:

I am paying the amount of \$ _____ Cash EFTPOS

Please charge my credit card the total amount of \$ _____ As payment for the Joining fee and selected membership cards

Credit Card Type MasterCard VISA

Credit Card Details

Credit Card Expires /

Name on Card: _____

Signature of Card holder: _____ Date: _____

For GST purposes this document is deemed a Tax Invoice on Payment. All amounts are inclusive of 10% GST.

Referring Member: _____ Member Number: _____

Privacy notice: The Gabba is collecting this information for the purposes of membership registration. The information is only used for the purposes of keeping Members informed about future promotions, events and membership opportunities and renewals in accordance with the Membership Handbook

Office Use Only

Date Received _____
 Date Membership Approved _____

Membership Number _____
 Confirmation Sent to Member _____