



EST. 1877

The Albury Club Limited
ABN 74 000 951 879

NOMINATION FOR MEMBERSHIP

To The Secretary / Manager

Date: _____

WE WISH TO NOMINATE AS A MEMBER OF THE ALBURY CLUB LIMITED:

Surname: *		
Given Names: *		Title: *
Date of Birth: *	Occupation: *	
Phone: *	Email: *	
Address: *		
City: *	State: *	Postcode: *

* required fields

Proposed By:	Signature:
Seconded By:	Signature:

N.B. THIS FORM MUST BE COMPLETED WITH A STATEMENT OF REFERENCE SIGNED BELOW.

Ballot Committee:	Chairman Signature:
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<p>Statement of Reference</p> <p>I _____ provide reference that _____ is of good character and reputation. This nominee will fit the ideals and philosophies of The Albury Club.</p> <p>Signature: _____</p>

519 Kiewa Street, Albury NSW 2640
P.O. Box 99, Albury NSW 2640
Telephone (02) 6021 2511 Facsimile (02) 6021 0170
Email: manager@alburyclub.com.au Website: www.alburyclub.com.au

Office Use:	Application Received: _____	Posted to Notice Board: _____
	Date Approved: _____	Applicant Invited: _____