

The Adelaide Country Music Club Inc.

www.acmc.org.au

Email: info@acmc.org.au

PO Box 307 Modbury North SA 5092

Secretary: Rob Smith Phone: (08) 8266-6689

Membership Application

Surname: _____ First Name: _____ Date of Birth: _____

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Address: _____

Suburb: _____ State: _____ P/Code: _____

Phone: _____ Email: _____

Mobile: _____

Annual membership fees are due on 1st March each year.

Membership:	Type (tick one)	Annual Fee	Concession Card No	Sighted By
	Ordinary ()	\$ 14.00		
	Concession ()	\$ 10.00	_____	_____
			_____	_____
	Corporate ()	\$ 100.00		

I undertake to abide by the Constitution and Rules and any direction arising from any incident on the club premises in which I may be concerned.

Signed: _____ Date: _____

Office Use Only: Receipt No: _____ Date: _____ Member No: _____

Card: _____ Database: _____ M/ship Book: _____ Barrel: _____