

SEYCHELLES
SOCIAL CLUB OF MELBOURNE INC

Postal Address: P O BOX 1243, Huntingdale Vic 3166.

Ph: 9512 8779 (after hours) or 0431 259 922.

Email: seyclubvic@yahoo.com Website: www.seyclubvic.com

Membership Fee:

Family – 2 Adults & children under 18 yrs - \$50.00 annually.
Single or Single Parent with children under 18 yrs - \$25.00 annually.
Pensioner–Concession - \$20.00 annually.

‘MEMBERSHIP APPLICATION’
2009/2010

Applicant 1

Surname : (Mr/Mrs/Ms/Miss)

Given Name/s :

Address :

..... Post Code

Telephone No. : Email:.....

Date of Birth : Age :

Applicant 2 (if applicable for a family)

Surname : (Mr/Mrs/Ms/Miss)

Given Name/s :

Telephone No. :

Date of Birth : Age :

Dependants : (if applicable for children under 18 yrs)

Name : Date of Birth :

Name : Date of Birth :

Name : Date of Birth :

NB: Dependants over 18 yrs of age to complete separate application.

I/We, the undersigned, wish to apply for membership of the **Seychelles Social Club of Melbourne** and agree to abide by the rules and regulations of the club and to uphold its aims and objectives.

I enclose : cheque, money order, cash to the amount of \$ representing my/our annual membership fee.

❖ (Cheque/Money Order to be drawn to : **Seychelles Social Club of Melbourne**).

❖ (Cash to be paid in person to the Treasurer).

Applicant 1 Signature : Applicant 2 Signature :

Date : ____/____/____ Date : ____/____/____

Important: Ensure that you obtain a receipt if you pay by cash and keep your receipt in a safe place. Applicant is responsible to cover all costs incurred on unpaid membership cheque.

What's the aim of the club?

STATEMENT OF PURPOSE:

- To create a social club for the Seychellois community.
- To bring together the Seychellois community and friends to promote it's culture.
- To promote the Seychellois participation at organised events.

MEMBER BENEFITS:

- ❖ Discounted or free entrance at social club functions.
- ❖ A sense of belonging in a community by taking part in activities organised by the Seychelles Social Club of Melbourne.

Aministration Use:

Application Approved Application Declined

Committee Of Management:

Signature:.....Name-----

Signature:.....Name-----

Signature:.....Name-----

Signature:.....Name-----

Important: Ensure that you obtain a receipt if you pay by cash and keep your receipt in a safe place. Applicant is responsible to cover all costs incurred on unpaid membership cheque.