

AMITY POINT COMMUNITY CLUB INC

LICENSED BAR & BISTRO

P.O. BOX 4072
(OFF CLAYTONS ROAD)
AMITY POINT, QLD, 4183

PH: 07 3409 7110 FAX: 07 3409 7000

1 year	
2 years	
3 years	
5 years	

MEMBERSHIP APPLICATION FORM

(PLEASE PRINT)

FULL SOCIAL (PLEASE CROSS ONE OUT)

ID SIGHTED: YES / NO

NAME:
(IN FULL) MR MRS MISS MS (PLEASE CIRCLE)

RESIDENTIAL ADDRESS:

P/CODE:.....E-MAIL ADDRESS:

TELEPHONE.....PENSION No.

SIGNATURE: DATE OF BIRTH: DATE:.....

I, OF
PROPOSE THAT THE ABOVE NAMED PERSON BE ACCEPTED AS A MEMBER

SIGNATURE: DATE:

MEMBERSHIP No.:

I, OF
SECOND THAT THE ABOVE NAMED PERSON BE ACCEPTED AS A MEMBER

SIGNATURE: DATE:

MEMBERSHIP No.:

OFFICE USE ONLY:

RECEIPT No. MEMBERSHIP No.

THIS CLUB CARRIES PUBLIC LIABILITY INSURANCE TO THE VALUE OF \$ 20,000,000.00



amitypointcommunityclub

amitypointcc

amitypointcommunityclub@gmail.com
www.amitypointcommunityclub.com.au

RESTAURANT
THE SHIPS GALLEY
PH: 07 3409 7660