



# Peninsula Caravan Club Inc.

## MEMBERSHIP APPLICATION

|                                                                                                                                                                                                                                                                  |             |  |                    |  |                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--------------------|--|-----------------|--|
| <b>Applicant 1</b>                                                                                                                                                                                                                                               |             |  |                    |  |                 |  |
| <b>*Last Name</b>                                                                                                                                                                                                                                                |             |  | <b>*First Name</b> |  |                 |  |
| *I agree to my contact details being published in the PCCI Membership List which is made available to all members.<br><input type="checkbox"/> ADDRESS <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL (please tick the box/s you choose to share) |             |  |                    |  |                 |  |
| <b>*Address</b>                                                                                                                                                                                                                                                  |             |  |                    |  | <b>Postcode</b> |  |
| <b>*Phone</b>                                                                                                                                                                                                                                                    | <b>Home</b> |  | <b>Work</b>        |  | <b>Mobile</b>   |  |
| <b>*E Mail</b>                                                                                                                                                                                                                                                   |             |  |                    |  | <b>Birthday</b> |  |
| <b>*In case of emergency (I.C.E) contact Name</b>                                                                                                                                                                                                                |             |  |                    |  | <b>Number</b>   |  |

**\*Must be completed. Please nominate someone other than Applicant 2 for I.C.E. contact.**

|                                                                                                                                                                                                                                                                  |             |  |                    |  |                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--------------------|--|-----------------|--|
| <b>Applicant 2</b>                                                                                                                                                                                                                                               |             |  |                    |  |                 |  |
| <b>*Last Name</b>                                                                                                                                                                                                                                                |             |  | <b>*First Name</b> |  |                 |  |
| *I agree to my contact details being published in the PCCI Membership List which is made available to all members.<br><input type="checkbox"/> ADDRESS <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL (please tick the box/s you choose to share) |             |  |                    |  |                 |  |
| <b>*Address</b>                                                                                                                                                                                                                                                  |             |  |                    |  | <b>Postcode</b> |  |
| <b>*Phone</b>                                                                                                                                                                                                                                                    | <b>Home</b> |  | <b>Work</b>        |  | <b>Mobile</b>   |  |
| <b>*E Mail</b>                                                                                                                                                                                                                                                   |             |  |                    |  | <b>Birthday</b> |  |
| <b>*In case of emergency (I.C.E) contact Name</b>                                                                                                                                                                                                                |             |  |                    |  | <b>Number</b>   |  |

**\*Must be completed. Please nominate someone other than Applicant 1 for I.C.E. contact.**

|                                         |  |
|-----------------------------------------|--|
| <b>Anniversary Date – Year Optional</b> |  |
|-----------------------------------------|--|

I/We request Peninsula Caravan Club INC membership with a once off \$30 joining fee & an annual fee of \$50 for a period of 12 months Pro Rata to end of club financial year.

I/We will abide by the clubs Constitution and By-Laws and any other rules or expectations as directed by the Management Committee.

I/We confirm that I/We will do my/our utmost to maintain a socially acceptable or professional standard whilst engaged in any club organised activity.

|                              |  |             |  |
|------------------------------|--|-------------|--|
| <b>Applicant 1 Signature</b> |  | <b>Date</b> |  |
| <b>Applicant 2 Signature</b> |  | <b>Date</b> |  |

This application for membership must include a nominator & seconder who is an existing PCCI club member.

|                  |             |                  |             |  |
|------------------|-------------|------------------|-------------|--|
| <b>Nominator</b> | <b>Name</b> | <b>Signature</b> | <b>Date</b> |  |
| <b>Seconder</b>  | <b>Name</b> | <b>Signature</b> | <b>Date</b> |  |

The PCCI Secretary will contact you regarding the outcome of your application once it has been assessed by the PCCI

May 24

- **Committee Use Only.**

- Submitted to and approved for Membership by the Committee: - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: President

Title: Secretary

- Signature one: \_\_\_\_\_ Signature two: \_\_\_\_\_

- Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- **Treasurer to attend to the following & advise the Secretary: -**

- Joining Date (Fees received date): \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No: \_\_\_\_\_

- Amount paid: \$\_\_\_\_\_ being full/part term of: \_\_\_\_\_ months. Deposited: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If not EFT)

- **Secretary to attend to the following: -**

- Allocated Member RV number: \_\_\_\_\_

- Write up new membership into membership register.

- 2. Arrange for name badge/s & any other material awaiting presentation at induction by President at next rally new members attend.

- 3. Advise newsletter editor of email birthday and anniversary dates

- 4. Update the membership list after new members are inducted.