



REQUEST FOR TRANSFER OF MEMBERSHIP

Applicant (must be 18 years or over and must qualify under Rule 12(d) or 12(e))

Name: Mr / Miss / Ms / Mrs

Address:

State: _____ Post Code: _____

Home Phone: _____ Work Phone: _____ Fax Number: _____

Date of Birth: _____ Occupation: _____ E-Mail: _____

Type of Skiing: (Please tick) Downhill X-Country Snowboard

Level of Ability: (Please tick) Beginner Intermediate Advanced

Name of Spouse: _____

Children (under 21 years or 25 years if student)

Name	Date of Birth

Please fill in the below section to indicate your relevant circumstances of prior support to Munionsg. Include attendance at the lodge, socials, etc. This information will help the Board in accessing your eligibility for membership.

If this transfer of membership is approved, I agree to be bound by the Rules of Munionsg Ski Club Co-Op Ltd., particularly those relating to active membership.

Signature of Transferee: _____ Date: _____

Transferor (transferring from)

Name: Mr / Miss / Ms / Mrs

Relationship to transferee: Husband Wife Father Mother Son
 Daughter Brother Sister

Share Certificate Number: _____

I request that approval be given to transfer my membership. I am a financial member and confirm that the transferee is 18 years old or over. I have enclosed my share certificate to expedite the transfer request.

Signature of Transferor: _____ Date: _____

**Please return this form to The Membership Director,
Munionsg Ski Club Co-Op Ltd. GPO Box 2472, Sydney NSW 1043**

Membership Directors Use Only	
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Date Transfer Request Received:	
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Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date:

Reason:

Transferee:

Share Number:

Certificate Number:

Payment Received: \$

Date:

Cheque Name:

Cheque Bank:

Cheque Branch:
