



NOMINATION FOR MEMBERSHIP

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

Name: Mr / Mrs / Miss / Ms

Address:

State: Post Code: Mobile: Home Phone:

Email:

DOB: Occupation:

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

If I am offered and accept membership, I agree to be bound by the Rules of Munionsg Ski Club Co-Op Ltd., particularly those relating to active membership.

Signature of Applicant:

Date:

Nominator

Name: Mr / Mrs / Miss / Ms

I am a financial member of Munionsg Ski Club Co-Op Ltd. and nominate this person for membership of Munionsg Ski Club Co-Op Ltd. I enclose a letter in support of this application.

If Rule 12(d) applies please tick Husband Wife Father Mother Son

Daughter Brother Sister

Signature of Nominator:

Date:

**Please complete and return this form to the Membership Committee via email
to membership@munionsg.com.au**

Membership Director's Use Only

Date nomination rec'd: Request Approved: Yes No Date:

Reason:

Share Number: Cert. Number: Payment Rec'd: \$ Date: