REQUEST FOR TRANSFER OF MEMBERSHIP

Applicant (must be 18 years or over and must qualify under Rule 12(d) or 12(e))			
Name: Mr / Mrs / Miss / Ms		4 /	
Address:			
State: Post Code:	Mobile:	Home Phone:	
Email:		<u>'</u>	
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 year	rs if student):		
N:	ame	Date of Birth	
	•	evant circumstances of prior support to Muniong. In	
attendance at the lodge, socials etc. This information will help the Board in assessing your eligibility for			
membership.			
rest to the second consistency		the state of the s	
If this transfer of membership is approved, I agree to be bound by the Rules of Muniong Ski Club Co-Op Ltd.,			
particularly those relating to active	membersnip.		
Signature of Applicant: Date:			
Transferor (transferring from	1)		
Name: Mr / Mrs / Miss / Ms			
Relationship to transferee: Please		and □ Wife □ Father □ Mother □ Son	
	☐ Dau	ghter Brother Sister	
Share Certificate Number:			
	•	embership. I am a financial member and confirm tha	
transferee is 18 years old or over. I have enclosed my Share Certificate to expedite the transfer request.			
Signature of Transferor:		Date:	
Please complete an	d return this f	form to the Membership Committee via email	
	to member	rship@muniong.com.au	
Membership Director's Use	Only		
Date transfer request rec'd:		uest Approved: 🗆 Yes 🗆 No Date:	
Reason:	<u> </u>	•	
Transferee:			

Payment Rec'd: \$

Date:

Share Number:

Cert. Number: