



Highfields Azzurri Sports Club  
Co-operative Ltd.  
ABN: 85 995 635 462

*All Correspondence  
To be addressed to*  
THE HONORARY SECRETARY,  
PO BOX 121,  
CHARLESTOWN, 2290

16 GEORGE STREET,  
HIGHFIELDS, 2289  
TELEPHONE: (02) 4942 5099  
FAX: (02) 4942 1213  
EMAIL:highfieldsazzurri@bigpond.com

**MEMBERSHIP APPLICATION**

Mr  
Mrs .....  
Miss (Surname) (Given Names)  
Ms

Address: .....  
..... Postcode .....

Phone: ..... Email: .....

Date of Birth: ...../...../..... Occupation: .....

I desire to become a (please circle) **Full Member** \$11.00 or  
**Full Concession Member** \$5.50  
(Must have Aged Pension Card)

of Highfields Azzurri Sports Club Co-op Ltd. and request that my name be entered on the register of Members. I agree to abide by the rules and by-laws of the club.

Signature: ..... Date: ...../...../.....

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Nominated: ..... Seconded: .....  
Name: .....Badge No: ..... Name: .....Badge No: .....  
Signatures: .....

Directors / Office Use Only

ID Sighted: ..... Paid: \$..... Date: ...../...../.....  
ID Number: ..... Board Meeting: ...../...../.....