

Application For Membership

PO Box 263, Woden ACT 2606 www.hellenicclub.com.au

Matilda Street, Woden ACT 2606 Telephone: 02 6281 0899 Facsimile: 02 6282 4487

13 Moore Street, Canberra City ACT 2600 Telephone: 02 6162 6777 Facsimile: 02 6162 6700

Member #1: (PLEASE PRINT) Mr Mrs Miss Ms Other _____ Family Name _____ Given Name _____ Date of Birth _____ Licence/Student No. _____	Complete for Family Member #2: Mr Mrs Miss Ms Other _____ Family Name _____ Given Name _____ Date of Birth _____ Licence/Student No. _____
Residential Address: _____ Postcode: _____	
Postal Address: (if different from above) _____ Postcode: _____	
Telephone #1: _____ Mobile #1: _____ Telephone #2: _____ Mobile #2: _____	
email #1: _____ email #2: _____ Supply us with your email address & you will receive our ENewsletter & Special offers each year to use at the Hellenic Club.	

I hereby apply for membership to the Hellenic Club of Canberra Limited. I agree to be bound by the constitution and by-laws of the Club. I am over the age of 18 years. (Persons shall not be accepted as members of this Club until they have attained the age of 18 years)

Signature #1: _____ **Signature #2:** _____

We are responsible providers of gaming services, if you have a problem please call Mission Australia 1800 858 858

MEMBERSHIP FEES:	1 Year	SINGLE \$8.80	FAMILY \$16.60	SENIOR \$3.30	STUDENT \$3.30
	3 Years	SINGLE \$25	FAMILY \$40	SENIOR \$9	

Please indicate your interests by ticking the relevant boxes.

<input type="checkbox"/> Club Promotions	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Sporting Events	<input type="checkbox"/> Wine Club
<input type="checkbox"/> Housie/Bingo	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Greek Events	Join our members wine club for obligation free deals on one off or regular wine purchases

OFFICE USE ONLY

ACCEPTED BY: _____ ENTERED BY: _____

AMOUNT \$ _____ DATE: / / _____ BADGE#1 _____ BADGE#2 _____