

# RACV Club Associate Corporate Membership Application Form



## PERSONAL DETAILS

Please use one form per applicant. Please complete all fields in black pen in BLOCK letters.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>		
Residential Address	<input type="text"/>						
Suburb / City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Postal Address	<small>(If different from above)</small> <input type="text"/>						
Suburb / City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>		
Phone AH	<input type="text"/>	Mobile	<input type="text"/>				
Email	<input type="text"/>						
Employer / Company	<input type="text"/>	Position	<input type="text"/>				
RACV membership number	<input type="text"/>	DOB	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

## TYPE OF MEMBERSHIP

<input type="checkbox"/> Associate Corporate							
<input type="checkbox"/> Fitness Centre subscription (optional)	<input type="checkbox"/> 6 months (\$325)	Preferred Venue	<input type="checkbox"/> City Club				
	<input type="checkbox"/> 12 months (\$595)		<input type="checkbox"/> Healesville				
Joining Fee \$	<input type="text"/>	Subscription \$	<input type="text"/>	Fitness Centre \$	<input type="text"/>	Total \$	<input type="text"/>

## PROPOSER

Full financial member of RACV Club, this excludes Associate Corporate Members

### PROPOSER

I have known this applicant for  years and nominate them for membership of RACV Club.

Name	<input type="text"/>	RACV membership number	<input type="text"/>				
Relationship to applicant	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Signature	<input type="text"/>						

If you do not have a proposer RACV will, as part of this exclusive offer, provide one on your behalf.

(Please turn page over)

## PAYMENT

I enclose \$  for my Club membership and wish to pay by:

Visa  MasterCard  Amex\*  Diners Club\*

Card Number  Exp. Date  /

Cardholder's Name

Signature  Date  /  /

\*Amex surcharge of 2.8% applies. Diners Club surcharge of 2.45% applies

## DECLARATION

I hereby declare that I am over the age of 18, not a bankrupt, have not been convicted of an indictable offence in the past 10 years and agree to abide with the By-Laws of the RACV Club. I enclose/authorise payment of my entrance and subscription fees. I certify that the address listed above is the address at which I am registered on the Electoral Roll, which the Club By-Laws deem to be my primary place of residence. I understand that I must present a valid membership card to access the Club and use Club outlets and that my membership is not active until my application has been approved by the Club & Membership Committee and all of my membership fees have been received by RACV Club.

### MOVE TO PAPERLESS

**Tick the box** - To receive all your RACV documentation by email (this includes all renewals, quotes, product information, statements and annual subscriptions)

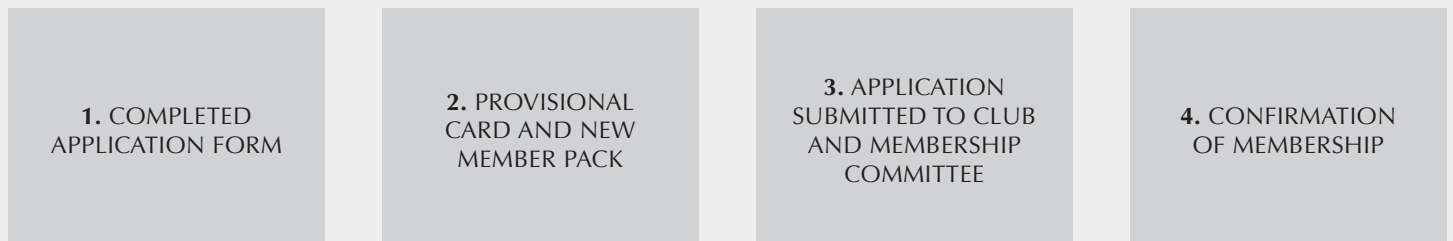
**Tick the box** - To consent to RACV marketing information\*

\*The RACV Privacy Charter will help you understand how RACV collects, uses, discloses, holds and safeguards your personal information. For a copy visit [www.racv.com.au/privacy](http://www.racv.com.au/privacy)

Signature  Date  /  /

## APPLICATION PROCESS

Once your application form has been received it will be presented before the Club & Membership Committee of the RACV Board for approval.



OFFICE USE ONLY											TIER
Date Received	GM	S/Code	Member No.	Opera	Cat.	Join	Subs	Gym	Banking	Election Date	CSD
		VCR			AC84						

For more information call RACV Club Membership during office hours on 1300 501 501 or email your completed application form to [clubmembership@racv.com.au](mailto:clubmembership@racv.com.au).

<sup>^</sup>[By-Laws](#)