

Personal Details

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

Title _____ First Name _____ Surname _____
 Primary Place of Residence _____ Suburb/City _____ State _____ Postcode _____
 Postal Address _____ Suburb/City _____ State _____ Postcode _____
 Phone AH _____ BH _____ Mobile _____
 Email _____
 Employer/Company Name _____ Position _____ Industry _____
 RACV membership number _____ DOB / /

Move to Paperless

- Tick this box if you would prefer to receive all your RACV documentation by email (this includes all renewals, statements and annual subscriptions)
- Tick this box if you consent to receive RACV marketing material by email.

Membership Details

Town - Resident within a 50km radius of the Melbourne Town Hall or (including residents in postcode 3777)
 Country / Interstate / Overseas - Resident beyond a 50km radius of the Melbourne Town Hall, (excluding residents in postcode 3777)
 Associate - Spouse/Partner or Child/Grandchild (aged 18 – 27) of a current RACV Club member
 Fitness Centre access (optional) 6 months 12 months Preferred Venue City Club Healesville
 Joining Fee \$ _____ Subscription \$ _____ Fitness Centre access \$ _____ Total \$ _____

The Closing date for all applications is the 20th of the month. All applications received will be acknowledged by email.

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.

Applicant Signature _____ Date _____

Proposer

(current RACV Club member, excluding Associate Corporate members)
 I have known this applicant for _____ years and nominate them for membership of RACV Club.
 Name _____
 Membership Number _____
 Relationship to applicant _____
 Signature _____ Date _____

Seconder

(current RACV Club member, excluding Associate Corporate members)
 I have known this applicant for _____ years and nominate them for membership of RACV Club.
 Name _____
 Membership Number _____
 Relationship to applicant _____
 Signature _____ Date _____

All applications must have a Proposer and Seconder to be presented to Club & Membership Committee for approval. The names and suburbs of applicants will be displayed in a prominent place at the RACV City Club for at least one week prior to their election. In the absence of a Proposer or Seconder, please send a cover letter and a current resume.

RACV collects and uses your personal information to process and administer your RACV Club membership. We may disclose it to our mailing services provider to send you correspondence from RACV Club and to notify you about other products, services and special offers. You can request not to receive this material by contacting 1300 501 501. To find out how to access, correct, or make a complaint about the use of your information or a breach of your privacy you can access a copy of the RACV Privacy Charter at www.racv.com.au/privacy

							Transfer Details		Membership No.	YOM	Ren. Period
Office Use Only											Tier:
Date received	S/Code	Member No.	Opera	Cat.	Join	Subs	Gym	Banking	Election Date	CSD	

Membership Payment Details

I enclose \$ _____ for my Club membership and wish to pay by:
 Visa MasterCard Amex* Diners Club*
 Card number Expiry Date /
 Name on card _____ Signature _____ Date _____

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