



Royal Childrens Hospital Ski Club

New Membership Application

Title: Mr Mrs Miss Ms Dr

Surname:

Given names:

Address:

.....Postcode:

Telephone: Home:.....Business:.....

email address:

Occupation:

RCH Department:

Position / association with RCH:

Type of Membership: Single / Dual / Junior

If Junior membership, date of birth :

If Dual membership, name of partner/spouse:

Occupation of partner/spouse:

Names of any family or relatives who
are members, or who have applied for
membership, of the R.C.H. Ski Club:

Preferred method of contact: Email: Snail-mail:

Email addresses (include all appropriate family addresses)

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Are you interested in receiving regular updates on club activities via email? Yes No

I apply to be elected to associate single dual junior membership of the Royal Children's Hospital Ski Club, in whose affairs I promise to take active part and I agree to abide by the rules of the club at all time.

Signature Date

We the undersigned, being members of the Royal Children's Hospital Ski Club for more than five years, propose and second this nomination. The candidate is personally known to us and is eligible for membership and will, we believe, be a suitable and active member. We agree to assimilate the candidate into the various club activities.

Proposer Full Name Date

Signature

Seconder Full Name Date

Signature