



Carlton Football Club Registered Member Application

MEMBER I.D. NO: _____

NAME: _____

ADDRESS: _____

_____ P/CODE: _____

TELEPHONE: (H) _____

(B) _____

(M) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

I _____ (insert name)

being over 18 years of age, request that I be elected as a member of the Club. I agree to be bound by the Constitution of the Club. I am not applying as a nominee or trustee of another person nor do I hold and I am not entitled to hold any other membership of the Club. If the Club wound up while I am a member or within one year after I cease to be a member, I am eligible to contribute up to \$50.00 to the assets of the Club.

Applicant signature _____ D.O.B. _____

Date _____

**Carlton Football Club, PO Box 83, Carlton North Vic. 3054.
Membership Phone: 1300 72 79 81. Membership Fax: (03) 9389-6287
carltonfc.com.au**