



The South West District Coin Club



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MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	e-mail:	Phone:
Current address:		
City:	State:	ZIP Code:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:	e-mail:	Phone:
Current address:		
City:	State:	ZIP Code:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	Name:
Name:	Name:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

PAYMENT

I enclosed the amount of AU\$ _____ [] Cheque [] Cash [] Other for the Annual Subscription Fee.

ANNUAL SUBSCRIPTION FEE

Adult	AU\$ 20.00
Children	AU\$ 10.00
Family	AU\$ 30.00

SIGNATURES

Signature of applicant:	Date:
Signature of spouse (<i>only if for a joint membership</i>):	Date:

NOTE: Please tick the box for your preferred method to receive the SWDCC Monthly Bulletin:

[] - By mail/post

[] - By E-mail (please indicate your preferred e-mail address below)
