Q.R.S.C.

Quinns Rocks Sports Club

EXPRESSION OF INTEREST FOR MEMBERSHIP

Surname: _____

First Name: _____

Partner/Spouse Surname: _____

First Name: _____

Address: _____

Suburb: _____ **Postcode:** _____

Contact Phone No: _____

Email Address: _____

_____

Once a membership position becomes available you will receive correspondence by email. Please note: you will have one month to pay the fee otherwise the membership will be offered to the next person and you will be removed from the list.

OFFICE USE ONLY		Affiliate Club:
Date Received:	_____	_____
Date Email Sent:	_____	
M/Ship No's:		