AUSTRALIAN ALPINE CLUB FALLS CREEK
APPLICATION FOR 'SUMMER ASSOCIATE' MEMBERSHIP

Please return the completed Application Form to: 138 Stanley St, West Melbourne 3003 or Fax: (03) 9329 8839.
If you have any questions regarding summer associate membership, please contact Alan Long on (03) 9328 4491
or Email: mrkflong@bigpond.com
Website: http://www.aacfallscreek.com/

NAME OF APPLICANT: Title: …… Male/Female Date of Birth: ……..

First Names: …….

Last Name: ……

Address:……...

……...

……..... Post Code……...……

Telephone: Home…… Business…….…….
Mobile…… Fax…….……..……

Email address: ……

Occupation: ……Employer: ……..

Postal address (if different to above)

Address: …….….……..

……..…Post Code ……....

Summer Interest: …… Expected summer days / year:……

Other interests: …….…….

Nominated by (a member of …..……...…Australian Alpine Club)

Name: ……. Signature ……..

Seconded by (a member of ……Australian Alpine Club)

Name: ……. Signature ……

Signature of applicant: ……... Date: ……./….…./……

CLUB USE ONLY cheque received: $ …… Subscription: $ ……..

Bank: …….. Date received: ……..…

Category: …… Summer Season issued: …..../……/…….