

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

Please return the completed Application Form to: 24 St James Rd, Heidelberg 3084
If you have any questions regarding summer associate membership, please contact Alan Long on (03) 9328 4491
or Email: bookings@aacfallscreek.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 ofAustralian Alpine Club)

Name: Signature

Seconded by (a member ofAustralian Alpine Club)

Name: Signature

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

CLUB USE ONLY cheque received: \$ Subscription: \$

Bank: Date received:

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