

# CRONULLA RSL SWIMMING CLUB

## Membership Application

SURNAME .....

GIVEN NAME(S) .....

ADDRESS .....

TELEPHONE HOME .....

TELEPHONE MOBILE .....

RSL MEMBERSHIP NUMBER .....DATE OF BIRTH .....

EMAIL .....

AMOUNT PAYABLE .....

I understand that membership of the Cronulla RSL Swimming Club is conditional on membership (or proof of application for membership) of the Cronulla RSL Memorial Club.

Signed..... Date .....

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