

**Clubs WA  
RESTRICTED**

# APPLICATION FORM

**Club Name:**

**Postal Address:**

**Street Address:**

**Contact Name:**

**Phone Number:**

**Fax Number:**

**Email Address:**

**First Year \$100**

**Sign up for:**

- Quarterly**                      \$41.25  
 **Yearly**                              \$165.00

**License Type:**

**Date:**

**Signature:**

**Name and Position:**



**Clubs WA**

Suite 1, 58 Burrendah Boulevard  
Willetton Sports Centre  
WILLETTON WA 6955  
PO Box 620  
WILLETTON WA 6955

Phone: (08) 9312 1655  
Fax: (08) 9312 1644  
Email: [info@clubswa.com.au](mailto:info@clubswa.com.au)  
Web: [www.clubswa.com.au](http://www.clubswa.com.au)

**THE FUTURE OF THE CLUB  
MOVEMENT**