



Coburg Superules Football Club Incorporated

Membership Application Form



Membership Details

First Name	Surname	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Preferred Name	Nationality	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Date of Birth	Gender	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Address		
<input style="width: 100%;" type="text"/>		
Suburb	State	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Home Phone	Mobile Phone	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Marital Status	Children	
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes, Under 18 <input type="checkbox"/> Yes, Over 18 <input type="checkbox"/> No	
Occupation	Children's Ages	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Email Address		
<input style="width: 100%;" type="text"/>		

Yes, I would like to be included on Coburg Superules email communications distribution list

Membership Type

Membership Number (Renewing)	Membership Type
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Playing <input type="checkbox"/> Non Playing <input type="checkbox"/> Life Member
Player Sponsorship?	Sponsors Name (Complete Sponsors form)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%;" type="text"/>

Playing Details

AFL Team Followed	Local Team Followed		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Jumper Size	Shorts Size	Current Number	Preferred Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If "New" player how did you find out about Coburg Superules Football Club?

Internet
 Friend
 Advertising
 Other.....

Emergency Contact Details

Emergency Contact Name	Emergency Contact Phone
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
What is your relationship to your Emergency Contact?	
<input style="width: 100%;" type="text"/>	

By signing this membership form I agree to abide by the policies, rules, regulations, constitutions and code of conduct of the Australian Football League, AFL Victoria, AFL Masters, Vic Metro Masters, Coburg Football Club Inc and Coburg Superules Football Club Inc.

Signature Date

Payment Details (COMMITTEE USE ONLY)

Membership Subscription Component	Select	Cost
Membership Fee	\$50.00	
Registration Fee (Players Only)	\$300.00	
Membership Subscription	\$350.00	
Deductions (Life Member, etc)		
Total	\$350.00	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Direct Debit Payment Plan**	

Payment Methods:

Cash, Cheque, Direct Deposit, Credit/Debit Card, Direct Debit Payment Plan**

** Member will incur fees associated with this type of payment