

GIVEN NAME: SURNAME:

ADDRESS:

..... POSTCODE:

OCCUPATION:

EMAIL:

TEL: (H) (W) (M)

Please list all persons in your immediate family that would be likely to stay with you at APIRA:

PARTNER:

CHILDREN: Date of Birth:

..... Date of Birth:

..... Date of Birth:

..... Date of Birth:

..... Date of Birth:

..... Date of Birth:

PROPOSER: SIGNATURE: DATE:

SECONDER: SIGNATURE: DATE:

BY APPLYING TO JOIN APIRA I AGREE TO THE FOLLOWING CONDITIONS:

- The qualifying process, which is subject to change at the discretion of the Committee; and
- The priority points system which applies when booking demands for a particular period exceed lodge capacity and that if admitted as a new member I will be commencing at a low level; and
- This application does not guarantee my admission to membership; and
- Admission to membership is subject to Committee approval and availability; and
- The costs of membership are subject to change at the discretion of the Committee.

APPLICANT'S SIGNATURE: DATE:

This completed application should be scanned and forwarded to:

Membership Secretary APIRA SKI CLUB: Tom Stephens

Email: tomstephens@hotmail.com

PO Box 138

Brighton East VIC 3187