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MEMBERSHIP APPLICATION FORM

<input type="checkbox"/> Renewal No. <input type="text"/>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
or	<input type="text"/>	
<input type="checkbox"/> New member	Card Number	
<input type="checkbox"/> 1 year \$5.00	<input type="text"/>	
or	Expiry Date	
<input type="checkbox"/> 3 years \$10.00	<input type="text"/>	
	Cardholders Name	

(Office use only) Paid Card issued Entered

Date of Birth / /

Mr Mrs Ms Miss

First Name

Surname

Street Address

Suburb State Postcode

Email Phone

I hereby apply for membership of the ACT Rugby Union Club Inc. I agree to be bound by the rules, constitution and By-laws of the Club. I certify that I am over 18 years of age.


Signature Date

SUBMIT

Sign-up

to the RUC's e-newsletter today for weekly updates and specials

Like us?

 Show your support for the RUC and 'Like' us on Facebook

Book in

Contact us today to book your next funtion with us