

RENEWAL

RECEIPT NO: _____

SOCIAL MEMBERSHIP OF

BRISBANE DEUTSCHER TURNVEREIN / GERMAN CLUB

Title (Mrs/Ms/Miss/Mr): _____

PLEASE PRINT CLEARLY

Given names: _____

Surname: _____

Membership no: _____

Date of birth: _____

(Complete below if address has changed.)

Unit no: _____

House no: _____

Address: _____

Suburb: _____

Postcode: _____

Telephone: _____

(for further enquiry)

Email: _____

Signature: _____

Date: _____

Membership fee: \$5 valid until end of 2018

No voting rights under this membership category.

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