

CLAREMONT FOOTBALL CLUB

2017 MEMBERSHIP APPLICATION FORM



RENEWING MEMBER NEW MEMBER (please tick)

MEMBER (1)	Master / Mr / Mrs / Miss / Dr		First Name*	Surname*	
	Address*		Suburb	State	Postcode
	Mobile*	Phone (H)	D.O.B*	/	/
	Email*		Member Category (e.g. Roaming Tiger)		

* Required Field

(please number)

ROARING TIGER	Adult	\$195	X _____
	Concession	\$155	X _____
	Family (2 Adults, 2 Children)	\$390	X _____
TIGER INSIDER	Adult	\$95	X _____
	Concession	\$75	X _____
ROAMING TIGER (Country/Interstate)	Single (100km or more from Perth GPO)	\$55	X _____
SOCIAL TIGER	Adult	\$55	X _____
	Concession	\$45	X _____
JUNIOR MEMBERS <i>NOTE: all Tiger Cub packs will be charged a flat rate postage of \$10 unless collection has been arranged</i>	Tiger Cub (< 16 years)	\$30	X _____
	Tiger Toddler (< 4 years)	\$20	X _____
SAVE ME A SEAT! <i>NOTE: To be purchased only in addition to a membership selected above</i>	Single reserved seat for Season 2017	\$100 *for 10 games*	X _____
PAST PLAYERS & OFFICIALS MEMBERSHIP <i>NOTE: this is not a CFC Membership</i>	Metro	\$30	X _____
	Regional (100km or more from Perth GPO)	\$15	X _____

FAMILY MEMBERSHIP DETAILS

Complete this section if purchasing a family membership

	FIRST NAME	SURNAME	D.O.B
ADULT 1	Master / Mr / Mrs / Miss / Dr		
CHILD 1	Master / Miss		
CHILD 2	Master / Miss		

ADDITIONAL MEMBER DETAILS

DO NOT complete this section if ONLY purchasing a family membership

MEMBER (2)	Master / Mr / Mrs / Miss / Dr		First Name	Surname	
	Address		Suburb	State	Postcode
	Mobile	Phone (H)	D.O.B	/	/
	Email		Member Category (e.g. Roaming Tiger)		

PAYMENT DETAILS & OPTIONS

My Cheque/money order made payable to the Claremont Football Club is enclosed

Credit Card

Total Amount \$ _____ Includes GST

Mastercard / VISA / AMEX Card Number: _____ Expiry date: _____ CCV: _____

Cardholder Name: _____ Cardholder Signature: _____

By Mail

Return this form to: Claremont Football Club,
PO Box 59, Claremont WA 6010

Email

Email a scanned copy of your application to
memberships@claremonttigers.com

In Person

Drop this form into 6 Keane Avenue, Gate 1
Claremont Showgrounds, Claremont WA 6010