

We hereby make application for membership of the Licensed Clubs Association of South Australia and supply the following information;

FULL CLUB NAME	
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STREET ADDRESS	
	POST CODE

POSTAL ADDRESS	
	POST CODE

TELEPHONE		FAX	
EMAIL			

NAME OF PRESIDENT	
NAME OF MANAGER/SECRETARY	
DELEGATE NAME (1)	
DELEGATE NAME (2)	
PERSON TO RECEIVE CORRESPONDENCE	

LICENCE

What type of Licence does your Club hold?

- Limited Club Licence
 Club Licence
 Other

STAFF

NUMBER OF FULL TIME STAFF	
NUMBER OF PART TIME/CASUAL STAFF	
NUMBER OF VOLUNTEER STAFF	

Members Numbers

FULL	
SOCIAL	
OTHER	
TOTAL	

APPLICATION CONTINUES OVER THE PAGE

WHAT ARE YOUR PEAK SEASON OPENING HOURS?

MONTHS	FROM	TO
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

GAMING

DOES YOUR CLUB HAVE ELECTRONIC GAMING MACHINES?	YES	NO
IF YES, HOW MANY?		
DOES YOUR CLUB HAVE TAB?	YES	NO
DOES YOUR CLUB HAVE KENO?	YES	NO

BOWLING CLUBS FEES

- Please note membership fees are paid for one calendar year – pro rata fees are applicable from March 2012 and finish November 2012.
- All fees are inclusive of GST (10%)
- Please indicate category your Club falls under;
- As a Bowling Club you are entitled to a membership fee discount. Please circle the relevant level of membership listed below;

25 MEMBERS & UNDER	\$ 77.00
23-50 MEMBERS	\$ 154.00
51-80 MEMBERS	\$ 231.00
81-100 MEMBERS	\$ 308.00
101-150 MEMBERS	\$ 385.00
151-200 MEMBERS	\$ 462.00
GAMING MACHINE VENUE (BASE)	\$ 462.00
PER MACHINE (1 – 40 MACHINES)	# Machines x \$29.00 + \$462.00 =

PERIOD OF MEMBERSHIP: Start Month _____ to December 2012

Note: Pro Rata fees are applicable from March 2012, therefore please ring the Clubs SA office for appropriate fee if required.

Please find enclosed a cheque for \$ _____

I declare that the above is a true and correct record in every respect.

SIGNATURE: _____

DATE: _____

CLUBS SA

Please return this form to Clubs SA via fax or mail:

Postal: Clubs SA House, 222a Henley Beach Rd, Torrensville, SA, 5031

Phone: (08) 8290 2200

Fax: (08) 8290 2222

