

7 Park Street Launceston 7250

P (03) 6331 8013 E office@tyc.asn.au www.tyc.asn.au

## **CORPORATE MEMBERSHIP FORM**

COMPANY NAME:	••••	
COMPANY ADDRESS:		
POSTAL ADDRESS:		
CONTACT: TELEP	HONE:	
TELEPHONE NO.: BUSINESS:	FAX NO:	
EMAIL:		
CLASS OF MEMBERSHIP: (CORPORATE)		
SIGNATURE OF APPLICANT:		
NOMINATED BY: S	IGNATURE:	
SECONDED BY: S  Nominator and Seconder must have been a Senior Member for the second s		
CLASS OF MEMBER QUALIFICATIONS SUBSCRIPTION	NOMINATION FEE	
Corporate (Social Facilities)	100-00	364-00
NOMINEES:		
NAME:	NAME:	
ADDRESS:	ADDRESS:	
TELEPHONE:A.H./MOBILE	TELEPHONE:	A.H./MOBILE
EMAIL:	EMAIL:	
NAME:	NAME:	
ADDRESS:	ADDRESS:	
TELEPHONE:A.H./MOBILE	TELEPHONE:	A.H./MOBILE
EMAIL:	EMAIL:	
Received by Club Manager:	Date:	
NOMINATION AND SUBSCRIPTION FEE MUST ACC	COMPANY THIS APPLICATION	V.

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