



Membership Application

I, wish to apply to become a Member of Asgaard Alpine Club Inc.

If I am successful in my application to become a Member, I agree to abide by the Constitution, Booking Rules and Code of Conduct of the Club. I have read the Asgaard Membership FAQ's doc

Signature of Applicant Date

Full Name

Address

Email address

Phone Home Business Mobile

Date of birth

Partner's name

Dependent children; names/DOB

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Occupation

Qualifications

Hobbies and skills

Do you know a current financial Member of Asgaard that may support your application?

Name.....

Any further queries?.....

Please complete form where indicated, sign, scan and email to: membership@asgaard.au for Asgaard Committee consideration