**CANBERRA ALPINE CLUB INC.**

ABN: 45 605 031 860

GPO Box 27

Canberra ACT 2601

Tel: 0499 257 463

Email: office@cac.org.au

**APPLICATION FOR MEMBERSHIP**

**The applicant for membership should**

* complete Section 1 of this form,
* find two eligible sponsors to complete Sections 2 and 3 of this form,
* send the completed form to the above address (hard-copy or scanned via email), once approved an invoice will be sent to you for payment:  
   **Adult:** One third of $2592 Entrance Fee: $864 **plus** 2023 Annual Subscription: $130 = $994

**Youth:** One third of $1728 Entrance Fee: $576 **plus** 2023 Annual Subscription: $130 = $706

**Junior:** One third of $1296 Entrance Fee: $432 **plus** 2023 Annual Subscription: $130 = $562

*Note: prices stated are current for 2023. Please check with the Admin Officer to verify whether prices have changed.*

**Section 1.**  To be completed by the applicant

**CATEGORY OF MEMBERSHIP** *(Adult, Youth or Junior)* ..................................…….......

**SURNAME**  .................................... **GIVEN NAMES** ..........................................…....

**PREFERRED NAME** ………….......................... **TITLE** *(Mr/Ms etc)* ...….......................

**OCCUPATION** .......................................... **DATE OF BIRTH** ................……..….......

**HOME ADDRESS** ...............................................................................………….........

....................................................................…………........ **POST CODE** ..............….

**POSTAL ADDRESS** *(if different)*..................................……….....................................

**PHONE** *(bh)* ........................*(ah)* ...........................*(mob)*.....……................................

**EMAIL** ........................................................................................................................

*Tick here if you do NOT want to receive Skimail* **\*** 

*Tick here if you wish to receive Frozen Acres in hardcopy*  **\*\*** 

**NAME OF SPOUSE/PARTNER** .............................................................…...............

If accepted as a member, I agree to abide by the Constitution, By-laws and Procedures of the Club. I note that acceptance of this application by the Club does not guarantee election to membership.

**Signed** ...............................................………….......... **Date** ....................................

*\* Skimail is the Club’s free electronic newsletter available to those who have provided an email address.*

*\*\* By default you will receive the Club journal, Frozen Acres, by email.*

**Office Use Only**

Date received Date Accepted Memb. No

**NOTES FOR SPONSORS:**

* A separate form is required for each applicant nominating to join the Club.
* Sponsors should provide information as to length and nature of association with the applicant and any relationship between sponsor and applicant.
* Sponsors’ statements may be made on the same form as the applicant’s details or on separate copies of the form (as long as the applicant is clearly identified).
* Sponsors are encouraged to introduce applicants to Committee Members, to bring them to social functions and accompany them when they stay in the lodges.
* Committee Members, Provisional Members and Junior Members may ***not***act as sponsors.
* Eligible members may sponsor up to four applicants in any calendar year.

**Section 2**. To be completed by First Sponsor

**SPONSOR’S COMMENTS**

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I confirm that the applicant is aware of the objects and culture of the Club, the general rules and responsibilities

of membership and the system of progressing from Waiting List to Provisional and Full Membership

(including the limits on the number of members and the proportion of out of area members if relevant).

**SURNAME** ................................ **GIVEN NAMES** ........……..................................

**Signed** ........................................………….............. **Date** .....................................

**Section 3**. To be completed by Second Sponsor

**SPONSOR’S COMMENTS**

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(including the limits on the number of members and the proportion of out of area members if relevant).

**SURNAME** ..........................….... **GIVEN NAMES** ............................…...............

**Signed** ..............................................………......... **Date** .....................................

# August 2022