



RIVERINA CAMPUS STAFF CLUB

Boorooma St
Wagga Wagga NSW 2678
Australia

Tel: +61 2 933 2000
www.csu.edu.au/special/rivstclb

APPLICATION FOR MEMBERSHIP

I, _____ Staff No.: _____
(Name in Full)

Position _____
(School/Section)

of _____
(Home Address)

desire to become a Member of the Riverina Campus Staff Club, and request you to enter my name on the Register of Members accordingly. I agree to be bound by the Memorandum and Articles of Association and Rules made thereunder, and the provisions of the Liquor Act, 1912, as amended.

Dated: _____ day of _____ 19 _____

Signed: _____

The following information is required:

Are you the full age of 18 years? _____

Have you previously been a member of this Club? _____

If so, state year of Membership. _____

Note: It is understood that the Committee and/or Directors reserve the right of rejection of this Application without it being incumbent upon them to give any reason or explanation therefore.

Grade of Membership

Please tick appropriate box
Ordinary Member
(Available to staff of Charles Sturt University only)

Associate Member
(Post Graduate Students, Ex Staff of CSU, Family
of CSU Staff, Casual CSU Staff)

PLEASE SEE OVER

Select your preferred method of payment of subscriptions by ticking the appropriate box.

Ordinary Member

Annual subscription \$57.20

Payroll deduction (\$2.20 per pay).
(Staff members of Charles Sturt University only)
(Complete the attached Payroll Deduction Authority form)

Associate Member

Annual subscription \$44
(Post Graduate Students, Ex Staff of CSU, Family
of CSU Staff, Casual CSU Staff)
Annual account payable to the
Membership Co-ordinator

Payroll Deduction Authority

Deduction of Subscription, Riverina Campus Staff Club
Salaries Section, Charles Sturt University Wagga Wagga.

I, _____ Staff No.: _____

(Name in Full and in BLOCK LETTERS)

hereby authorise you to deduct my annual subscription to the Riverina Campus Staff Club from my salary. The amount to be deducted on regular fortnightly instalments and based on the subscription which the Staff Club from time to time certifies to you as the scale of subscriptions payable to it by its members.

I desire this Authority to remain in force until cancelled by me in writing.

Signature _____ Date _____