



Wallsend Football Club Membership Form

Name: _____

Address: _____

City: _____ State: _____

Email: _____

Phone (H) _____ (M) _____

Year of birth: _____

Committee: NEWFM WPL Juniors Zone League

New Member:

Renewing member: Year of entry: _____

I wish to become a member of Wallsend Football Club, by doing this I understand that I shall have the right to receive notification of all general meetings.

I understand that this membership is for one (1) year only and will expire at the end of this current year and will need to be renewed if I wish to continue to be a member of this committee next year.

I understand that if I wish to vote at the Annual General Meeting I need to be a financial member of Wallsend Football Club's committee prior to September 30th.

I agree that all information given above is correct and I understand my rights as stated above.

Signature: _____

Date: ____/____/____

Once completed please hand this form and the membership fee \$5 to the director for the committee you wish to join.