2020/21 MEMBERSHIP APPLICATION FORM



STEP ONE Complete Personal Details

First Name:		Surname:		Title:	
Address:					
Suburb:		State:		Postcode:	
Phone (w):		Phone (h):		Mobile:	
Email:				Date of Birth:	
STEP TWO Select Yo	ur Mambarshin T	uno.			
CATEGORY	our Membership Ty	JOINING FEE	PRICE	QTY	TOTAL
ANNUAL (1) Year (1/10/20-30/9/21)	City	\$50	\$157	QII	IOIAL
	Country	\$ 50	\$113		
	Youth	n/a	\$90		
	Junior	n/a	\$67		
	Guest	n/a	\$99		
THREE (3) Year (1/10/20-30/9/23)	City	\$50	\$425		
	Country	\$50	\$305		
	Youth*	n/a	\$242		
	Junior*	n/a	\$181		
	Guest	n/a	\$270		
	- Cucot	117 G	•	10UNT (includes GS1	r) \$
STEP THREE Author The information provi application and any ac	ded in this applica	tion is true, correct and to n to this Membership	the best of my knowl	edge. I take full respo	onsibility for my
Name:		Signature:			_ Date:
I give consen	t for my Child/Gua	om a Parent / Guardian to j rdian to join as a Member o their Membership.			y for their application
Parent / Guardian Nar	ne:	Sig	nature:		Date:
STEP FOUR Paymen	t Details				
Please debit my: Visa Mastercard Total Amount Payable \$					(incl. GST)
Card Number:				Expiry Da	nte:
Cardholder's Name: _			_ CCV: (refer to rev	verse of card)	
Cardholder's Signature	e:		Date:		
provision of this facilit	y. The information	ed solely for the purpose o	all times.	·	
☐ Please do not send	me information al	bout additional Membersh	p products or service	es. This will not includ	de the KAS Times.

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