

The Association of Apex Clubs of Australia Inc.

Club Members Transfer Out Form

THE APEX CLUB O	1.	
WISH TO REGISTER	Surname:	
	Given Names:	
AS A TRANSFERRED OUT MEMBER	T Private Address:	
		Phone:
		Mobile:
Date of Birth:	E-mail:	Fax:
Occupation:	Business Address:	
Spouse /Partner		Phone:
	E-mail:	Fax:
Transferring To:	<u>Apex Club</u> Transfer o	out Date: / /
This certifies that the a above and is eligible f	abovementioned Apexian is a financial member for transfer.	of the Apex Club listed
	Apexian first joined Apex on. Date / / hip history will be sent on application to the abo	ve club at
Effective for 3 months	from the date below.	
Member Transfer out	approved by:	
	Date	

NB: To ensure this member is transferred out of your club and will not incur per capitals in the next financial years club calculations please send a copy of this form, or Fax this form to:

NATIONAL OFFICE | PO Box 166 Darling Heights QLD 4350



The Association of Apex Clubs of Australia Inc.

Club Members Transfer In Form

of:					
WISH TO REGISTER	Surname:				
	Given Names:				
AS A TRANSFERRED IN MEMBER				Phone: Mobile:	
Date of Birth:	E-mail:			Fax:	
Occupation:				Phone:	
Spouse/Partner:	E-mail:			Fax:	
Transferred from:		Apex Club	Transfer	Date: / /	
Nominated by		Seconded by	/		
			[month] [year]		
I hereby agree to accep	t membership in the AP	PEX Club of			
I have been fully inform such principles, and to a	-			scribe to and maintain	
I understand that, should to such principles, my rathe Club Rules or Assoregard to attendance at	egistration and termina ociation Rule as appli	tion from the Clucable. I also un	ub may be	requested in terms of	
Signature		_Date / /			
Nomination Received Membership Accepted / Previous Clubs Member		(date) (date) (date)			

NB: To ensure this person is registered as a member of the above mentioned Apex Club please send a copy of this form to:

NATIONAL OFFICE | PO Box 166 Darling Heights QLD 4350