



NEW MEMBER REGISTRATION FORM

The APEX CLUB of:		
WISH TO REGISTER	Given Names:	
Surname:		
Name on Badge:		
Partners Name:		
Address:		
Suburb:	State:	Postcode:
Email:		
Home Phone:	Work Phone:	
Mobile:		
Date of Birth:	Occupation:	
Membership Category (please tick) :		
ACTIVE MEMBER <input type="checkbox"/>	or ASSOCIATE <input type="checkbox"/>	or ISOLATED <input type="checkbox"/>

Is the proposed member, currently, or has been, a member of a similar organisation?

If so provide details: _____

Nominated by: _____ Seconded by: _____

Dated this _____ day of _____ (month) _____ (year)

I hereby agree to accept membership of the Apex Club named above and I have been fully informed of the rules of this Club and those of the Association generally. I agree to abide by them and uphold the integrity of the Association. I understand that, if the Club or National Board at any time consider my actions contrary to such principles, my resignation may be requested and/or my membership terminated as per the Club or Association Rules as applicable. I also understand that I must regularly attend club meetings and social events, participate in service work and invite others to share in the Apex experience.

Signed: _____ Date: _____

Please forward completed form:
By email (preferred): admin@apex.org.au
or post : Apex Australia
P.O. Box 166,
DARLING HEIGHTS
QLD 4350

Office Use Only:
Registration Received ___/___/___
Accepted / Declined ___/___/___