

The Association of Apex Clubs of Australia Inc.

Club Members Transfer Out Form

The APEX CLUB of:					
	Surname:				
WISH TO REGISTER					
	Given Names:				
AS A TRANSFERRED OUT MEMBER	Private Address:	Phone: Mobile:			
Date of Birth:	E-mail:	Fax:			
Occupation:	Business Address:				
Spouse /Partner	E-mail:	Phone: Fax:			
Transferring To:	erring To: <u>Apex Club</u> Transfer out Date: / /				
This certifies that the ab above and is eligible for	bovementioned Apexian is a financial more transfer.	nember of the Apex Club listed			
	Apexian first joined Apex on. Date / / p history will be sent on application to th				
Effective for 3 months fr	rom the date below.				
Member Transfer out a	pproved by:				
Signature	Date				
next financial years o	ember is transferred out of your club an club calculations please send a copy o FICE LEVEL 5, AON TOWER 201 KENT FAX 02 9253 7117	of this form, or Fax this form to:			



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WISH TO REGISTER	Surname:			
	Given Names:			
AS A TRANSFERRED IN MEMBER	Private Address:			Phone:
				Mobile:
Date of Birth:	E-mail:			Fax:
Occupation:	Business Address:			
				-
Spouse/Partner:	E-mail:			Fax:
Transferred from:		Apex Club	Transfe	r Date: / /
Nominated by		Seconded b	у	
Dated this	day of	day of [year]		
I hereby agree to accer	ot membership in the A	APEX Club of		
I have been fully inform such principles, and to				scribe to and maintain
I understand that, shou to such principles, my the Club Rules or Ass regard to attendance at	registration and termin sociation Rule as app	nation from the Clu plicable. I also un	ub may be nderstand f	e requested in terms of
Signature		Date / /		
Nomination Received Membership Accepted Previous Clubs Membe		_ (date))	
NB: To ensure this men	nher is registered as a	member of the a	bovement	ioned Anex Club

please send a copy of this form, or Fax this form, to:

NATIONAL OFFICE LEVEL 5, AON TOWER 201 KENT ST SYDNEY NSW 2000

FAX 02 9253 7117