KILLARNEY RECREATION CLUB INC.

MEMBERSHIP FORM

Applicant Information

Full Name*:

Residential or Postal Address*:

Email Address:

Phone Number:

Mandatory requirements for maintaining our membership register

I hereby agree to abide by the rules and regulations of the Killarney Recreation Club Inc. I understand that the club is not responsible for any personal injury or loss of property.

Applicant Signature:

Date:

Membership

Year: 2026 **Type: Ordinary** **Price: $10**

Proposer: **Seconder:**

Signature: **Signature:**

Date: **Date:**

For Office Use Only:

Receipt No:

Membership register updated:

Willow Street, Killarney, Qld **PO Box 73, Killarney, Qld, 4373**

ABN: 23 050 839 637 **Darling Downs Bank BSB 817 001 Acc # 400289287**