



THE COMBINED PROBUS CLUB OF WHEELERS HILL INC.

Registered Club No. 58449, Accreditation No 2171
P.O. Box 475, Mulgrave, Vic 3170

President
Phillip Shelton.

Secretary
Lindsay Coster.

All persons on the waiting lists have now been inducted into the Club. The Management Committee has decided to re-open the membership and calls for interested persons to apply. Each person applying must complete and submit a separate application. A joint application will not be accepted.

To ensure the application process is open and fair, Applications for Membership will be received and places allocated in accordance with the following:

Applications shall be completed on the approved Form and lodged by mail or email to the Club. **Attention:** The Membership Officer.

Address: The Combined Probus Club of Wheelers Hill Inc.
P O Box 475 Mulgrave, VIC. 3170

Email: whprobus@yahoo.com.au

or

Delivered by hand to the Membership Officer by arrangement.

- Applications must be completed in full. Assistance in completing application can be obtained by contacting the Membership Officer on (03) 9560 5874 or 0417 591 677.
- For prospective applicants unknown to club members, the Membership Officer and another club member may act as Proposer and Secunder following a meeting with the Applicant(s). This may occur after the application is submitted. (EG. as a result of website applications).
- If the number of applications exceeds the available places a ballot will determine the successful applicants. Remaining applicants should be prepared to go on a waiting list.
- Offers of membership will, wherever possible, be made in the sequence in which applications were drawn in the ballot.

The Application form is on next page.



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P.O. Box 475, Mulgrave, Vic 3170

I hereby apply for membership of: **The Combined Probus Club of Wheelers Hill Inc.**

NOTE: A separate application is required for each person.

SURNAME AND INITIALS (Mr. Mrs. Miss Ms)

FIRST NAME: PREFERRED NAME:

ADDRESS:

POSTCODETELEPHONEMob.

SPOUSE/PARTNER'S NAME:

EMAIL ADDRESS: (If Any)

FORMER VOCATION:

HOBBIES, SPORTING AND OTHER INTERESTS:

.....

DATE OF BIRTH: (Day, Month, Year)AGE:(yrs.)

Tick the boxes below, which of the Club's Activities you would like to participate in:

Outings Theatre Dine Out Movies Golf Technology

Cards Scrabble Mahjong Tennis Investment Table tennis

Walking Book Club Gardening Other interests (List).....

Please tick if you would consider assisting with Activities or on the Committee in the future?

I accept the Concept of PROBUS and agree to participate in the life and activities of this Club.

I agree to the following being published for use by other club members only. (Strike out any not agreed to) (Name) (Residential Address) (Phone Numbers) (Email Address)

Signature of Applicant: DATE:

PROPOSED BY (member of this club):

Telephone:

SIGNATURE (of proposer):

SECONDED BY (member of this club)

Telephone:

SIGNATURE (of seconder):

Send to: Membership Officer at the above postal or email address.