

WBNSW Application for Membership Drive Financial Grant

Club Name:	
Address:	
Date(s) of Membership Drive/Open Day:	
Contact Person Name:	
Club Position:	
Email: Mot	oile No:
Current Number of Club Members :	Amount Being Applied For \$
Summary of Cost Incurred	
Item	Cost
Advertising (Newspaper/TV)	\$
Printing (Flyers)	\$
Meal	\$
Soft Drinks	\$
Other/Details	\$
TOTAL	\$
What was the result of the Membership Driv	/e/Open Day?
No. of new members gained. Names and Contact Email or Mobile No. of P space)	rospective Members (attach list if insufficient
Please attach a copy of receipts to assist in de	
Insert Bank Account details: Account Name:	
BSB: Acct Nu	ımber:
Forw	ard form to

WBNSW Suite 801, Level 8, 289 King Street, Mascot 2020 Attention: Membership Committee

Office Use Only:		
Membership Committee approval recommendation: Y/N Date:		
Amount Approved: \$	Date Funds Paid:	
Finance Officer Approval		