## **2026 MEMBERSHIP APPLICATION FORM**

Complete the membership application form below or visit sandringhamfc.com.au/membership to submit your application form and payment online.

| TITLE:  | FIRST NAME:  |                     |         |                |   | SURNAME:      |                           |                  |        |
|---|--------------|---------------------|---------|----------------|---|---------------|---------------------------|------------------|--------|
| DATE OF BIRTH:  |              |                     |         |                |   | GENDER:       |                           |                  |        |
| POSTAL ADDRESS:   |              |                     |         |                |   |               |                           |                  |        |
| SUBURB:   | BURB:        |                     |         | STATE:         |   |               | Р                         | OSTCODE:         |        |
| CONTACT NUMBER:   |              |                     |         | EMAIL:         |   |               |                           |                  |        |
| REFERRER NAME:  |              |                     |         |                |   |               |                           |                  |        |
| (if applicable)   |              |                     |         |                |   |               |                           |                  |        |
| For JUNIOR ZEBS MEMBERSHIPS, please complete below:   |              |                     |         |                |   |               |                           |                  |        |
| PARENT/GUARDIAN NAME:   |              |                     |         |                |   |               |                           |                  |        |
| PARENT/GUARDIAN E   |              |                     |         |                |   |               |                           |                  |        |
| PARENT/GUARDIAN PHONE NUMBER:   |              |                     |         |                |   |               |                           |                  |        |
| or FAMILY ZEBS MEMBE  | ERSHIPS, ple | ase list additional | members | s (1 additiona | al adult  | & up to 3 jur | niors age                 | ed 15 years & ur | nder): |
| NAME  | NAME         |                     |         | DATE OF BIRTH  |   |               | GENDER                    |                  |        |
| 1.  |              |                     |         |                |   |               |                           |                  |        |
| 2.  |              |                     |         |                |   |               |                           |                  |        |
| 3.  |              |                     | _       |                |   | $\rightarrow$ |                           |                  |        |
| 4.  |              |                     |         |                |   |               |                           |                  |        |
| For PET MEMBERSHIP, please complete below:  |              |                     |         |                |   |               |                           |                  |        |
| PET NAME:   |              |                     | D.O.E   | 3              |   | F             | PET TYP                   | PE:              |        |
| MEMBERSHIP  Sandy Zebs Membership (Adult) - \$110  Sandy Zebs Membership (Concession / Past Players & Officials) - \$90  Sandy Supporter (no game access) - \$40  Junior Zebs (aged 15 and under) - \$30  Family Zebs (2 adults and up to 3 juniors) - \$150  Pet Membership - \$20 |              |                     |         |                |   |               |                           |                  |        |
| PAYMENT DETAILS   |              |                     |         |                |   |               |                           |                  |        |
| CREDIT CARD BANK TRANSFER (EFT) CHEQUE I'D LIKE SOMEONE TO CALL ME TO PAY OVER THE PHONE  |              |                     |         |                |   |               |                           |                  |        |
| CREDIT CARD   |              | СН                  | CHEQUE  |                |   |               |                           |                  |        |
| CARD TYPE USA MASTERCARI  |              |                     | ARD     |                | Please make all cheques payable to Sandringham Football Clu |               |                           |                  |        |
| CARDHOLDERS   |              |                     |         |                | ВА  | NK TRA        | NSFEF                     | R (EFT)          |        |
| CARD NUMBER:  |              | 1.                  | 2011    |                | BENDIGO BANK: Sandringham Football Club                     |               |                           |                  |        |
| EXPIRY DATE:  | CCV:         |                     |         |                | SB: 633 00  |               | ACCOUNT NUMBER: 130265309 |                  |        |
| AMOUNT:<br>SIGNATURE:   | \$           |                     |         |                | REFERENCE: Your full name and Membership Type               |               |                           |                  |        |
| OIGINATURE.   |              |                     |         |                |   |               |                           |                  |        |

Please return completed form via email to info@sandringhamfc.com.au or post to Sandringham Football Club PO Box 16, Sandringham VIC 3191