



ENERGY WEST SOCIAL CLUB
DBP TRANSMISSION CLUB ASSOCIATE
MEMBERSHIP APPLICATION FORM



Please Forward This Application Form To: Fax: 9326 6442

ENERGY WEST SOCIAL CLUB
GPO BOX L921
PERTH WA 6842

EWSC USE ONLY:
DBP Transmission
P O Box Z5267
PERTH WA 6831

I wish to enrol as a Club Associate Member of Energy West Social Club.

Please deduct the Membership Fee of **\$5.00** from my pay each fortnight.

Last Name: _____ First Names: _____

I Am Employed At (*company/division*): _____

Location: _____ Pay # _____

Work Phone # _____ Home # _____ Mobile # _____

Home Address: _____

Email: (*to send flyers*) _____

Signed: _____ Date: _____

To Help Us Serve You Better, If You Have Time, Please Answer The Following Questions.

How did you hear about the Club? Please tick the appropriate boxes:

- | | |
|--|---|
| <input type="checkbox"/> Work Colleague | <input type="checkbox"/> Social Club Representative |
| <input type="checkbox"/> Notice Board Poster | <input type="checkbox"/> Social Club Website |
| <input type="checkbox"/> Other _____ | |

Why did you join? Please rank the following choices in order of importance:

(*1 being the highest and 6 being the lowest*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Discounted Tickets | <input type="checkbox"/> Xmas Tree Function | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Entertainment Books | <input type="checkbox"/> Holiday Homes | |

HR OFFICE USE ONLY:	EWSC OFFICE USE ONLY:
Date Processed: _____	Date Processed: _____
Processed By: _____	Email Added: _____
Date Of First Deduction: _____	Processed By: _____