



Canning Club (Inc)
PO BOX 553 Cannington WA 6987
info@canningclub.com.au

MEMBERSHIP RENEWAL 2025/2026

PLEASE TICK THE TYPE OF MEMBERSHIP

(If you tick Family, please fill out one (1) form for each FAMILY MEMBER)

☐ ADULT ☐ FAMILY ☐ ADDITIONAL JNR ☐ JUNIOR ☐ PENSIONER
☐ LIFE

CLUB NUMBER CC _____

SURNAME _____ **GIVEN NAMES** _____

ADDRESS _____

SUBURB _____ **POSTCODE** _____

POSTAL ADDRESS (if different from above) _____

SUBURB _____ **POST CODE** _____

DATE OF BIRTH ____/____/____

CONTACT NUMBER: HOME or MOBILE _____

EMAIL _____

Do you give permission for Canning Club Inc to send information via this email address YES/NO

EMERGENCY CONTACT: NAME _____ **NUMBER** _____

NAME OF PARENT/GUARDIAN (If under 18yrs of age) _____

SIGANTURE OF PARENT/GUARDIAN _____

DO YOU HAVE A CURRENT 1ST AID CERTIFICATE (That you would use at the Club should the need arise) YES / NO

FIREARMS LICENCE NO. _____ **EXPIRY DATE** _____

DO YOU OWN FIREARMS REQUIRING CLUB SUPPORT

YES ☐ (Please provide copy of Firearms Licence and highlight firearms to be supported)

NO ☐