



Energy West Social Club

Club Member Application Form – Annual Membership

I wish to join Energy West Social Club Inc. as a Club Member making paying an annual subscription. I agree EWSC may use my details below for their private use and member verification.

If you are a current employee of Alinta, ATCO, DBNGP, Horizon, Synergy or Western Power then please use the Club Membership - Payroll Deduction Application Form to enable you to make fortnightly deductions.

Please Provide the Following Details:

First Name: _____ Surname: _____ DOB: ___/___/___

Mobile: _____ Home: _____ Work: _____

Postal Address: _____

Personal Email: _____

This email address will be kept in our Members Register as your primary contact for formal communication. If you would prefer this to be your residential or postal address, please notify us on feedback@energywest.com.au.

How did you find out about Energy West Social Club? _____

For current employees of eligible Energy Companies *(other than Alinta, ATCO, DBNGP, Horizon, Synergy or Western Power)*

I am employed at _____

from _____ to _____

For past employees of eligible Energy Companies

I was employed at _____

from _____ to _____ *(please attach a pay slip or proof of previous employment, showing Energy West Social Club Deductions).*

For contractors of eligible Energy Companies *(must have contracted for a minimum of 6 months)*

I am employed at _____ Supervisors Contact No: _____

For Parents/Children of existing Members *(please attach a form of ID that shows link to existing member ie. Birth Certificate, Marriage Certificate)*

Existing Member Name: _____

Member No: _____ Contact No: _____

Signed: _____ Date: _____

Subscriptions = \$165.00 annually

Please return this form via email and call us on **08 9326 4076** to process credit card payment.

Email: feedback@energywest.com.au **Web:** www.energywest.com.au

Please list your family details to be invited to the Energy West Social Club Annual Event: *(please attach a form of ID that shows link to joining member ie Medicare Card, Private Health Insurance Card, Birth Certificate)*

1. Partner name: _____
2. Child's Name: _____ Gender: ___ DOB: ___ | ___ | ___
3. Child's Name: _____ Gender: ___ DOB: ___ | ___ | ___
4. Child's Name: _____ Gender: ___ DOB: ___ | ___ | ___
5. Child's Name: _____ Gender: ___ DOB: ___ | ___ | ___
6. Child's Name: _____ Gender: ___ DOB: ___ | ___ | ___