



INSTRUCTIONS

For members replacing a lost or stolen card, complete sections 1 to 5 and return via email (membership@mcc.org.au) or post.

For members updating their name or photo or who are submitting an application for the first time please complete sections 1 to 4 and section 6 and ensure the following steps have been completed before submitting to the club:

- All details are completed on this form, including personal signature and date.
- Attach an acceptable passport photo in the space provided.
- Provide supporting documentation (along with relevant certificate if updating your name).

Once completed, please return the form to:

MELBOURNE CRICKET CLUB
PO BOX 570
EAST MELBOURNE VIC 8002

Please note: Applications will not be processed if the form is not completed as required. Please complete form in capital letters using black ink. **A B C I 2**

SECTION 1: PERSONAL DETAILS

MCC File Number	<input type="text" value=" "/>	Date of Birth	<input type="text" value=" / / "/>	Card replacement type: (please cross)	Member Card	Annual Guest Card
Mr/Mrs/Miss/Ms/Other	<input type="text" value=" "/>	Gender (Please cross)	M <input type="checkbox"/> F <input type="checkbox"/>	LOST CARD \$25 replacement fee required.	<input type="checkbox"/>	<input type="checkbox"/>
First Name	<input type="text" value=" "/>			STOLEN CARD \$25 replacement fee required if a police report is not provided.	<input type="checkbox"/>	<input type="checkbox"/>
Middle Names	<input type="text" value=" "/>			UPDATE NAME OR PHOTO ONLY No payment required.	<input type="checkbox"/>	
Surname	<input type="text" value=" "/>			NEW MEMBER CARD APPLICATION No payment required.	<input type="checkbox"/>	

SECTION 2: RESIDENTIAL ADDRESS

Unit Number	<input type="text" value=" / "/>	Street Number	<input type="text" value=" / "/>		
Street	<input type="text" value=" "/>				
Suburb	<input type="text" value=" "/>			Postcode	<input type="text" value=" "/>
Country	<input type="text" value=" "/>			State	<input type="text" value=" "/>

SECTION 3: POSTAL ADDRESS (IF SAME AS RESIDENTIAL LEAVE BLANK)

Unit Number	<input type="text" value=" / / "/>	Street Number	<input type="text" value=" / / "/>	PO Box Number	<input type="text" value=" "/>		
Street	<input type="text" value=" "/>						
Suburb	<input type="text" value=" "/>					Postcode	<input type="text" value=" "/>
Country	<input type="text" value=" "/>					State	<input type="text" value=" "/>

SECTION 4: CONTACT DETAILS

Home Phone	<input type="text" value=" "/>	Business Phone	<input type="text" value=" "/>
Mobile	<input type="text" value=" "/>		
Email Address	<input type="text" value=" "/>		

SECTION 5: PAYMENT DETAILS

(REQUIRED FOR LOST CARD OR IF A POLICE REPORT IS NOT PROVIDED FOR A STOLEN CARD)

Credit Card Number	<input type="text" value=" "/>	Credit Card Expiry Month	<input type="text" value=" "/>	Year	<input type="text" value=" "/>			
Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Signature of card holder <input type="text" value=" "/>				
Amount	\$ 25.00							

SECTION 6: PHOTO, SIGNATURE & SUPPORTING DOCUMENTS

Attach Passport Photo Here

Please provide a photo-copy of any **ONE** of the listed items below:

- Valid driver licence
- Valid passport
- Keypass/proof of age
- Student ID with photo & date of birth

OR
Please provide a photo-copy of any **TWO** of the listed items below:

- Birth Certificate
- Student ID with photo
- Student Concession Card
- Pensioner/Seniors Card
- Health Care Card

Signature of member
(Please sign with black pen
only within the space)

Date signed