

## **BREIF Club of Adelaide.**

## APPLICATION FOR MEMBERSHIP.

I hereby apply for membership in the Broadcasting, Radio ,and Electrical Industries Fellowship Club of Adelaide and agree to abide by the Constitution and decisions of the Board of Directors.

Full Name:	Zir.
Date of Birth:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Home Address:	
Postcode:	
Mobile phone:	Home phone:
Email:	
Name for lapel	
badge:	
Signature:	Date:

When completed, email the form to <a href="mailto:breifclubadelaide@gmail.com">breifclubadelaide@gmail.com</a> or post the from to The BREIF Club of Adelaide, Post Office Box 333, Highgate, S.A. 5063