## BALLOT APPLICATION PLEASE PRINT CLEARLY IN BLOCK LETTERS



## **SATURDAY TO SATURDAY BOOKINGS ONLY**

APPLICATION DATE: BALLOT PERIOD				
NAME:				
ADDRESS:				
POSTCODE:				
EMAIL ADDRESS:				
MOBILE NUMBER: NUMBER OF PERSONS:				
MEMBERSHIP NO: _	SIGNATURE:			
Markham Court	Ocean Plaza - 3br	Ocean Plaza - 2br	Shoal Bay - Shoal Bay Rd	Shoal Bay - Government Road
*Unit Preference please state in U/P box your first & second unit preference.				
U/P 1 2	U/P 1 2	U/P 1 2	U/P 1 2	U/P 1 2
PETS - YES/NO: (Pets permitted Unit 1 Gov Rd only. Refer to Pet Policy)				
DATES - FIRST PREFERENCE:				
DATES - SECOND PREFERENCE:				
BALLOT PAYMENT AMOUNT: DATE PAID:				
RECEIPT NUMBER (POS)				
BANK ACC NAME: BSB ACC NO:				
BALLOT RESULT:	SUCCESSF	UNSU	JCCESSFUL	
SUCCESSFUL PROCESSED DATE:				
PROCESSED BY:				
UNSUCCESSFUL PROCESS TO ACCOUNT DATE:				
REFUND PROCESSED ON:				