



Sky Stadium Membership transfer notice

1. Transferring Member

Company (if applicable): _____

First Name: _____

Surname: _____

Address: _____

Suburb: _____

City: _____ Postcode: _____

Phone (Home): _____ Phone (Work): _____

Phone (Mobile): _____

Email address: _____

STA Number: _____

Membership card(s) to be returned with this Transfer Notice

2. Transferee Member

Company (if applicable): _____

First Name: _____

Surname: _____

Address: _____

Suburb: _____

City: _____ Postcode: _____

Phone (Home): _____ Phone (Work): _____

Phone (Mobile): _____

Email address: _____

3. Transfer Date (effective date for membership transfer shall be as set out in Clause 4.6)

Date: _____

4. Address to which new Member's Card should be sent (if different from [2] above)

Address: _____

5. Signature of Transferring Member

Signature: _____

Date: _____

6. Acceptance

I, _____ (Insert full name of **Transferee** Member)

Hereby

- a. agree to accept a transfer of the Transferring Member's membership of the Sky Stadium Members Club, and
- b. attach the payment of the Transfer Fee, and
- c. agree to be bound by the Membership Rules, as varied from time to time by the Trust.

7. Signature of Transferee Member

Signature: _____

Date: _____

** Please note that transfer of Membership(s) is subject to approval of the Trust in accordance with the Rules.*