

Please tick your chosen Membership / Sponsorship to help support the Williamstown Football Club in 2013.

Membership

- | | |
|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Adult Membership - \$70.00 | <input type="checkbox"/> Gulls Coterie Group Double - \$250.00 |
| <input type="checkbox"/> Concession Membership - \$35.00 | <input type="checkbox"/> Gulls Coterie Group Single - \$150.00 |
| <input type="checkbox"/> Club 1864 Membership - \$ 40.00 | <input type="checkbox"/> Yearly Bus Pass - \$ 100.00 |

Sponsorship

- | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Match Day Sponsor - \$ 3000.00 + GST (\$3,300.00) | <input type="checkbox"/> Large Signage Sponsor - \$ 2000.00 + GST (\$2,200.00) |
| <input type="checkbox"/> Presidents Hospitality Package - \$ 1000.00 + GST (\$1,100.00) | <input type="checkbox"/> Small Signage Sponsor - \$ 1200.00 + GST (\$1,320.00) |
| <input type="checkbox"/> Player Sponsor - \$ 500.00 + GST (\$550.00) | |

Name: _____ Company Name: _____

Address: _____

Telephone: _____ Mobile: _____

Fax: _____ Website: _____

Email: _____

Payment Details:

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cheque: Payable to Williamstown Football Club | <input type="checkbox"/> Direct Deposit: BSB 033 100
Account # 281584 Description—Your Surname |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD |

Card Number: _____ / _____ / _____ / _____

Card Expiry: ____ / ____ CCV: _____

PLEASE RETURN THIS FORM AND ALL CHEQUES TO -

WILLIAMSTOWN FOOTBALL CLUB, PO BOX 307
WILLIAMSTOWN, 3016

TOTAL AMOUNT DUE:

\$ _____

CONTACT DETAILS

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