**Personal details**

Ms/Mrs/Miss/Mr (please circle one)

Surname: Given name:

Residential address:

Mailing address:

Home phone: Work: Mobile:

Email address:

**Club Details**

Name of Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLUB OFFICAL STAMP**

**Declaration**

I declare that the information I have provided is true and correct. I agree that I have read and understood Bayside City Council’s parking permit conditions and information and wish to apply for the foreshore club parking permit to use in accordance with these terms and Bayside City Council’s foreshore club parking permit policy. I will ensure that the permit/s are not sold, transferred or assigned to another party and will be solely used for foreshore club parking purposes. I understand that all parking permit fees are non-refundable.

Signature: Date:

**Personal information**

Council collects your personal information for the purpose of processing your application for foreshore club parking permit/s. If you have any queries or wish to gain access to your information, please contact Council’s Privacy Officer on 9599 4444 or at privacy@bayside.vic.gov.au

**Payment options**

|  |  |
| --- | --- |
| In the mail - cheque or money order **Bayside City Council**PO Box 27SANDRINGHAM VIC 3191 | In person - credit card or cash **Corporate Centre**76 Royal AveSANDRINGHAM VIC 3191 |

**Foreshore parking permits**

🞏 Foreshore club parking permit/s $240.00 each Total $

**Office use only:**

T270 267.1.1220 Amount:

 Applicant: