



# MEMBERSHIP SEASON

## TRANSFER OF SEAT FORM

Section One – Member Transferring Seat (please note all fields are required)

Name	Date of birth	
Address	Membership No.	
Phone(H)	Phone(M)	
Email		
MCG Home Seat	MCG Away Seat	
Marvel Stadium Home Seat	Marvel Stadium Away Seat	

Section Two – Member Attaining Seat (please note all fields are required)

Name	Date of birth	
Address	Membership No.	
Phone(H)	Phone(M)	
Email		
MCG Home Seat	MCG Away Seat	
Marvel Stadium Home Seat	Marvel Stadium Away Seat	

Section Three – Transfer

I hereby give permission to the Collingwood Football Club to transfer my reserved seats as listed above into the name of:

I understand that by transferring the seat I am permanently relinquishing the seat and giving ownership to the member listed in Section two.

Print Name

Signature

Date / /

## PAYMENT DETAILS

Cardholder's Name

Cardholder's Signature

Credit Card No:

Card Expiry:  /

CCV

Option 1: Upfront roll over plan  Option 2: Monthly roll over plan

Cheque  Cash  VISA  MasterCard  American Express (+2.75%)

\*Terms and conditions apply - please visit [membership.collingwoodfc.com.au](http://membership.collingwoodfc.com.au) for more information and for details of our Privacy Policy which explains how we use and disclose your personal information

## HOW TO SUBMIT YOUR REQUEST



### BY MAIL

Please send your completed form for processing to:  
Collingwood Membership,  
PO Box 165, Abbotsford VIC 3067



### BY EMAIL

Email your completed form for processing to:  
[membership@collingwoodfc.com.au](mailto:membership@collingwoodfc.com.au)