

New Membership Application

Membership No	

ABN 34 000 397 606

I, Mr / Mrs / Ms / Miss			////
	Surname	Given name	Date of Birth
stated below change, I agree to I		my membership card is lost or stolen,	s of the Club. Should any of the particulars I will notify the Club immediately and agree
I am applying to join the C	lub for (please tick applicable box)		
1 Year: \$5	3 Years: \$10	5 Years: \$15	10 Years: \$20
Social	Social	Social	Social
Masonic	Masonic	Masonic	Masonic Masonic
Masonic Lodge (required if jo	oining as masonic member)		
Address (residential)			
Suburb		StatePo	ostcode
Telephone-Home	Mobile	Occupation	
Email Address			
Emergency contact name.		Telephone	
	or membership must produce reaso Club Member you must collect and :		ivers licence, proof of age card, passpo ffice.
	b distributes information to all king the boxes below you agree		cial offers, promotional material o
I conse	ent to receiving promotional mat	erial* post em	ail sms
	rawn at any time by notice to the Cl form continues until your membersh		wed, at that time you will be asked to
I would	d like to receive a copy of the Clu	ıb Annual report (please tick app	licable box)
	Not required	post	email
Do you wish to activate y	our member cashless account?	Yes	No
	not transferable and fee, or any part the		/
i anacistana tilat membership is		4	_
	Office staff – Turn o	ver for payment details	
	Privac	y Statement	
	ct to the provisions of the Privacy Act 198 ndling of personal information. The Club		•

Player activity statements available on request

visitor and staff personal information.

Office Use Only			
Proof of ID	Passport no	Drivers licence	
	Pension card	Other	
	Photo taken – Staff initial	Receipt no	
Laterta e alaka			
		Process date	•••••
Details entered in	n Ebet Yes No		
Amount paid	cash chq EFT		
Social Member	<u>ship</u>		
Proposer		Signaturo	
		Signature	
Proposer Nam	ne	Signature	
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