APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY		PERSONAL INFORMATION	
MEMBERSHIP NUMBER: ID NUMBER: Drivers Pension Card EXPIRY OF ID: DATE TAKEN: PROCESSED BY: SIGN	Other	TITLE: FIRST NAME: LAST NAME: GENDER: DATE OF BIRTH: OCCUPATION:	
SIGN	DATE	occornion.	
CONTACT INFORMATION			
HOME ADDRESS:			
	POSTCODE:		
MAIL ADDRESS:			
			POSTCODE:
HOME PHONE:		MOBILE:	
EMAIL ADDRESS:			
Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions			
MEMBERSHIP CATEGORY: Ex-Service Associate In support of my application I state that I am over 18 years of age and agree to be bound by the Memorandum and Articles of Association of the Club, the By-Laws and further Rules or By-Laws that may be made from time to time and to pay the entrance fee annual subscription and other fees and charges as may be prescribed by the Board of the Club or which are required to be paid pursuant to the memorandum of Articles of Association of the Club ar any By-Laws of the Club that may be in force from time to time.			
SIGNATURE		DATE:	

