



SOCIAL APPLICATION

PLEASE CIRCLE DR MR MRS MISS MS _____

SURNAME _____

GIVEN NAMES _____

KNOWN AS _____

D.O.B _____ OCCUPATION _____

POSTAL ADDRESS _____

SUBURB _____

STATE _____ P/CODE _____

RESIDENTIAL ADDRESS (IF DIFFERENT) _____

SUBURB _____

STATE _____ P/CODE _____

HOME PHONE _____

WORK PHONE _____

MOBILE _____

EMAIL _____

DRIVERS LICENCE _____

IF NO DRIVERS LICENCE PLEASE PROVIDE ANOTHER FORM OF PHOTO IDENTITY

PLEASE TICK IF YOU WOULD NOT LIKE YOUR MEMBERSHIP ENABLED FOR CASHLESS GAMING

PLEASE TICK IF YOU DO NOT WISH TO RECEIVE OUR MONTHLY NEWSLETTER / CLUB INFO

MEMBERSHIP CATEGORY

SOCIAL 1 YR (\$12) SOCIAL 5 YR (\$50)

In the event of my admission as a member, I agree to be bound by the rules of the Club for the time being in force and request you enter my name in the register of members accordingly and I agree to be bound by your constitution.

NOTE: Are there any disclosures the Board should consider in relation to this application? YES / NO

APPLICANT SIGNATURE _____

DATE _____

OFFICE USE ONLY

- CASH
- MASTERCARD / VISA / AMEX / EFTPOS
- CHEQUE
- CASHLESS ENABLED
- ALL MEMBER GROUP
- BOARD SPREAD SHEET

FEE \$ _____

BADGE # _____

STAFF
PLEASE PRINT NAME _____

DATE _____

TIME _____