



MURWILLUMBAH SERVICES CLUB

Membership Application

MR | MRS | MISS | MS | Other _____

SURNAME _____

Given Names _____

Home Address _____

Postal Address _____

Email Address _____

Phone(H) _____

(Mob) _____

Date of Birth _____

Occupation _____

BADGE No.: _____

1 YEAR - _____

MULTIPLE YEAR - _____

/ /20

DATE OF APPLICATION

RECEIVED BY

RECEIPT No.

UNDER 21 YEARS MUST PRODUCE 'PROOF OF AGE' DOCUMENTATION

PROOF OF AGE SIGHTED YES/NO _____

DRIVERS LICENCE No. _____

NSW PHOTO CARD No. _____

PASSPORT No. _____

HELP US TO MAKE YOUR CLUB WHAT YOU WANT—TELL US YOUR PREFERENCES...

Do you wish to receive a copy of the Club's Annual Report? **Yes:** **No:**

Do you wish to receive marketing material & information about our promotions & services? **Yes:** **No:**

(A full copy of the Club's Privacy statement is available upon request.)

I WOULD LIKE TO RECEIVE INFORMATION ABOUT THE FOLLOWING CLUB PROMOTIONS:

- FOOD & DINING SPECIALS
- GAMING MACHINE PROMOTIONS
- ENTERTAINMENT GUIDE
- KENO PROMOTIONS
- TAB & RACING PROMOTIONS

CLUB FACILITIES I WILL MOST LIKELY USE:

- RESTAURANT
- CAFE
- ENTERTAINMENT
- KENO
- TAB
- GAMING MACHINES
- BINGO

CONTACT PREFERENCES (YOU MAY SELECT MORE THAN 1)

- IN WRITING
- EMAIL
- SMS
- ALL OF THE ABOVE

I desire to become a member of the Murwillumbah Services Memorial Club & in doing so, agree to be bound by the Memorandum and Articles of Assoc. & Rules &/or By-Laws made thereunder. I understand I cannot be elected as a Member of the Club until approved at the Board of Directors meeting following a minimum of 14 days from this date.

APPLICANT SIGNATURE **X** _____ DATE _____