



MEMBERSHIP APPLICATION

MEMBERSHIP NUMBER.....

Membership follows the calendar year - expires 31st December

Personal Information

Last name:	First name:	D.O.B:
Full Address:		Postcode:
Email:	Phone:	

Membership - Sub Branch member must provide Veteran card

1 year \$5 <input type="checkbox"/>	5 year \$20 <input type="checkbox"/>	1 yr SB \$2 <input type="checkbox"/>	5yr SB \$10 <input type="checkbox"/>	Vet ID number.....
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Are you a member of the following Sub Clubs?

Sailing Club <input type="checkbox"/>	Westlakes Wildcats FC <input type="checkbox"/>
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Do you wish to receive the Annual Report?

Email <input type="checkbox"/>	Not at all <input type="checkbox"/>
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Recent Legislation changes mean the Annual Report will not be automatically mailed out to members. The Annual Report is available

Privacy Policy

The Club is subject to the provisions of the Privacy Act 1988 and respects your right to privacy and is committed to protection your personal information. The personal information on this form, which has been provided by you, will be used to process your membership. Failure to provide all relevant information, including forms of approved identification, may result in your application being rejected. you may unsubscribe or opt-out of any marketing methods. You may update your personal information at any time for the duration of your membership.

I acknowledge that my membership application will be provisional until approved by the Board of Directors. My membership will not be refunded if not approved.

By signing below you acknowledge that your personal details are correct, have read and understand the Club's privacy policy and agree to abide by the Memorandum, the Constitution and the By-Laws of the Club.

Signature:	Date:
Proposer Signature:	Member No:
Seconder Signature:	Member No:

OFFICE USE: The below is used to process your application and is not held within our database.

Drivers License Photo Card Pension ID No.....

Staff entering details.....

GambleAware call Gambling Help Line 24/7 on 1800 858 858