



MULLUMBIMBY EX-SERVICES CLUB LTD

(Including Mullumbimby Ex-Services Bowling Club)

APPLICATION FOR ASSOCIATE MEMBERSHIP

1 YEAR: \$6.00 3 YEAR: \$15.00 5 YEAR: \$24.00

Surname:

Title:

Given Names:

Date of Birth:

Preferred Name:

Residential Address:

Postal Address: Same as Residential

Address Line 1

Address Line 1

Address Line 2

Address Line 2

Address Line 3

Address Line 3

Suburb

Suburb

State

Post Code

State

Post Code

Telephone (Home)

Telephone (Mobile)

E-mail

Do you wish to receive a copy of the Club's Annual Report (Annual Report is available on the website)? No Yes

From time to time the Club supplies information to its members advising of special offers, entertainment, events and general Club news. Any personal information supplied here will be used solely to advise Mullumbimby Ex-Services Club Members of these upcoming events/offers. Any information provided will never be accessed by any persons or entities other than Mullumbimby Ex-Services Club for the purposes stated. Please indicate below to advise the Club of how you wish to be contacted in the future.

	SMS/Email	Written	Do Not Send
I prefer to receive general information via:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to receive promotional information via:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PRIVACY POLICY

Mullumbimby Ex-Services Club Ltd is subject to the provisions of the Privacy Act 1988. The Act contains 10 National Privacy Principles that set standards for the handling of personal information. The Club has a commitment to privacy and the safeguarding of member, visitor and staff personal information. For further information on the Club's Privacy Policy please see the office.

I hereby apply for associate membership of Mullumbimby Ex-Services Club Ltd. I agree to be bound by the Club's Constitution and any rules or by-laws of the Club. Should any of the particulars stated above change, I agree to notify the Club within seven (7) days in writing. This membership application must be approved by the Board of Directors at a meeting at least 14 days from the date of application.

APPLICANT'S

SIGNATURE: _____ Date

OFFICE USE ONLY	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Pension Card	Copy of ID must be attached
ID Sighted/Application Processed by:	<input type="checkbox"/> Photo ID (RTA)	<input type="checkbox"/> Credit Card/s	
_____	<input type="checkbox"/> Passport	<input type="checkbox"/> Other _____	Badge No: <input type="text"/>

Think! About your choices. Gambling Help www.gamblinghelp.nsw.gov.au or 1800 858 858. Player Activity Statements available on request.