

# WOONONA BULLI RSL MEMORIAL CLUB

## Membership Application Form



<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
Surname:					
Given Names:					
Date of Birth:					
Address:					
Suburb:					
State:		Postcode:			
Mobile:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home:	
ID (E.g. License)					
Email Address:					
<b>INFORMATION</b>					
Notice of Annual General Meeting <input type="checkbox"/> Email (Default) <input type="checkbox"/> Mail					
Birthday Discounts:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gaming Offers:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Club Offers and Promotions: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>MEMBERSHIP TYPE</b>					
<input type="checkbox"/> 1 Year Membership \$8 <input type="checkbox"/> 3 Year Membership \$18 <input type="checkbox"/> 5 Year Membership \$25					
I am aware that I may withdraw at any time by written notification to the Club. Annual reports are available to be viewed on our website in April each year. I hereby agree to abide by the Constitution and By-Laws adopted by Woonona Bulli RSL Memorial Club Ltd.					
Signature:				Join Date:	
<b>OFFICE USE ONLY</b>					
<input type="checkbox"/> 1 Year Membership \$8 <input type="checkbox"/> 3 Year Membership \$18 <input type="checkbox"/> 5 Year Membership \$25					
Membership No:					
Receipt No:					
ID:					
Sighted by Staff:		Date:			
wbrsl.com.au   4284 1577					
See website for Privacy Policy					