

# 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		Post Code:	
Mobile: <input type="text"/>		Home: <input type="text"/>	
ID No. (e.g. license)			
Email Address:			
<b>HOW DO YOU WISH TO RECEIVE COMMUNICATION FROM THE CLUB?</b>			
Notice of Annual General Meetings are sent via <b>email</b> by default. If you require it be sent by mail, please list a reason.			
<input type="checkbox"/> Mail (reason: _____)			
Gaming Offers:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birthday Offers:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Newsletter:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Club Offers and Promotions:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If your details change for any reason, please contact the Club as soon as possible on 4284 1577.			
<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:		<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Proof of Age <input type="checkbox"/> Pensioners Card	
Staff (print name):		Signature:    Date:    ___ / ___ / ___	
wbrsl.com.au   4284 1577   See website for privacy policy			