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OFFICE USE ONLY
Date Accepted _____
Membership no. _____
Card Printed YES / NO _____

MEMBERSHIP APPLICATION

Please Circle:

Mr, Mrs, Ms, Miss _____

First Name _____

Last Name _____

Date of Birth ____ / ____ / ____

Address _____

Suburb _____ Postcode _____

Postal Address Same as Above Other _____ Postcode _____

Phone (h) _____ (m) _____

Email _____

Occupation _____

Have you served, or are currently serving in the Armed forces? Yes No

Are you a member of a local sporting organisation or community group (please specify) ?

- Glenorie Pony Club Hills Hawks Soccer Hills Hawks Rugby
- Glenorie Cricket Club Glenorie Social Golf Club Other _____
- Arcadia Pony Club

Interested in:

- Live music Function space/room Celebrations Children Food
- Beer Wine Cocktails Sport

Declaration - I, the undersigned, declare that I have never had a membership of a registered Club or like organisation suspended, cancelled or refused for any reason. I, being over the age of 18 years, agree to abide by the Club's constitution, By-Laws and rules. I agree to the Glenorie RSL Club membership terms and conditions.

Glenorie RSL Club Limited is subject to the Privacy act 1988. The personal information by you on this form/application will be used to process your membership application. I declare the information provided above is true and correct to the best of my knowledge. By signing this application I am consenting to receive marketing materials and advertising materials from the Club including but not limited to material relating to special events and promotions, birthday rewards, prize draws, entertainment, food, beverage, gaming machines, gaming promotions and other gaming related information and material relating to the Advantage Plus program. I also acknowledge and agree that such information may be conveyed in any form including electronic, postal or via telecommunication.

Applicants Signature _____ **Date** _____

The Glenorie RSL Club Annual Report is available to view and download from the club's website and you can elect to receive, free of charge, a copy of the annual report.

Do you wish to be forwarded a copy of the Annual report ? Yes No Email Mail

Membership fee: 1 year - \$5.50 3 year - \$15 5 year - \$25 10 year - \$50

Method of payment: Cash Cheque Credit Card Amount: _____

Staff Member Accepting (please sign) _____

I.D Type Drivers licence Passport Proof of age I.D Number _____
Expiry _____