Matraville RSL Sub-Branch Club Limited Membership Application

Payment, proof of age and identification must accompany this application.
(Please print using black ink only.)

Mr **Mrs** **Miss** **Ms** .....

Surname ..... **First Name** .....

Residential Address .....

.....

Phone (Home) ..... **Mobile Phone** .....

E-Mail .....

Date of Birth ..... **Occupation** .....

Membership Type & Period

Associate	1 Year **- $6**	3 Years **-$17**	5 Years**- $24**
Ordinary	1 Year**- $6**	3 Years**- $17**	5 Years**- $24**

Annual Report **Do not send** **Electronically Via Email** **Hardcopy**

If I select "Do Not Send" I hereby make a standing request to Matraville RSL Sub-Branch Club Limited to cease sending all material as required by Section **316** of the Corporations **Act 2001**. I understand that I can obtain a copy of that material, during office hours at the Club on my request to or on line at www.matravillersl.com.au.

Player Activity Statements

All players who use their membership cards to accrue bonus points are advised that a Player Activity Statement is available on request by the end of the next business day.

Club Information

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other machine (not ATM's), may be used by the Club for marking purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Do you wish to received marketing material and information about our promotions and Service? **YES** **NO**

Have you ever been expelled or suspended from another club? **YES** **NO**

I declare that I have read the above information on this form and I request you enter my name on the Register of Members as an Associate or Ordinary (as indicated above) Member and agree to be bound by your Memorandum and Articles of Association and By-Laws of the Club from time to time in force.

Signature ..... **Date** .....

Membership expires 31st December each year

Office Use Only

Identification ..... **Staff No** ..... **Membership No** .....

Please Attach Till Receipt to Back of Form