

ASSOCIATE MEMBERSHIP APPLICATION

PERSONAL DETAILS

Title _____ First Name _____ Surname _____

Residential Address _____

Suburb _____ State _____ Postcode _____

Mailing Address _____
IF DIFFERENT FROM ABOVE

Date Of Birth _____ Male/Female/Other _____

Mobile _____ Home Ph _____

Email _____

MEMBERSHIP (Please note memberships renewals fall due for payment 30th June)

Associate 1 Year \$12 **Associate Pensioner** 1 Year \$4

3 Years \$25 3 Years \$7

PENSION NUMBER _____

MEMBER INFORMATION

The Club's Annual Report is available on our website, if you prefer a paper copy sent to you by mail please notify our reception staff. The Club may occasionally send you promotional material including gift vouchers. Upon request we will remove you from our mailing list. Player activity statements are available on request.

I consent to receive exclusive gaming and marketing promotional material? YES NO

PRIVACY POLICY

The Club's Privacy Policy is available on our website. Alternatively, it is available on request.

DECLARATION

I am over the age of eighteen (18) years and wish to become a member of the Cooma Ex-Services Club Ltd.

I agree to be bound by the Club's Constitution, By-Laws and any legislation or regulations that may be in force at any time.

I understand that membership is not transferrable or refundable for any reason.

DATE _____ SIGNATURE _____

OFFICE USE ONLY

Identification Required

Drivers Licence No: _____

Membership No: _____

RTA Photo Card No: _____

Date: _____

Passport Number: _____

Staff Name: _____