

ASHFIELD RSL

374 Liverpool Road Ashfield 2131 97978878
www.ashfieldrsl.com.au

APPLICATION FOR MEMBERSHIP

To: The Board of Directors

FAMILY NAME: (Please Print) (**Mr, Mrs, Miss, Ms**) _____

FIRST NAMES: (Please Print) _____

RESIDENTIAL ADDRESS: _____

_____ **POSTCODE:** _____

POSTAL ADDRESS: _____

_____ **POSTCODE:** _____

OCCUPATION: _____

EMAIL ADDRESS (Please Print) _____

DATE OF BIRTH: _____ **MOBILE NO:** _____ **PHONE NO:** _____

☐

1 year membership
\$3.30

☐

3 year membership
\$8.80

☐

5 year membership
\$14.30

Do you wish to receive a copy of the Clubs Annual Report

☐

Yes

☐

No

If YES, please indicate if via email or post

☐

By Email

☐

By Post

In making application for membership fo Ashfield RSL Club Ltd I hereby declare I have attained the age of eighteen (18) years and if accepted, wish to enter my name on the Register of Members as an Ordinary Member or an Associate Member and I agree to be bound by the Memorandum and Articles of Association and any Rules, Regulations or By Laws of the Club from time to time in force.

PRIVACY STATEMENT

Any personal information provided by you to the club (eg name, address, date of birth and contact details), including information collected as a result of a membership card being placed in a gaming machine or other club machine service to you, will be protected.

SIGNATURE OF APPLICANT: _____ **DATED:** _____

FOR OFFICE USE ONLY

Member Number _____ Date Paid _____ Amount Paid _____

Type of ID _____ Sighted by _____