

# ASHFIELD RSL

374 Liverpool Road Ashfield NSW 2131 Ph 9797 8878  
[www.ashfieldrsl.com.au](http://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:** \_\_\_\_\_

**EMAIL ADDRESS** (Please Print) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **MOBILE NO:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

1 Year Membership  
\$3.30

5 Year Membership  
\$11.00

Do you wish to receive a notice of the Clubs Annual General Meeting  Yes  No

The Club's Annual Report is available to view online on the Club's website

If YES, please indicate if via email or post  By Email  By Post

In making application for membership for 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 \_\_\_\_\_