

| OFFICE USE ONLY |   |
|-----------------|---|
| MSHIP NUMBER    |   |
| DATE            | : |

# Membership Application

# STEP 1 Please complete personal details

STEP 2

Please select Membership

STEP 3

Membership

Please select your

category

desired

| MR / MRS / MISS / MS / DR  |                                   | DATE OF BIRTH           |                      |
|--|-----------------------------------|-------------------------|----------------------|
| GIVEN NAME   |                                   | SURNAME                 |                      |
| ADDRESS  |                                   |                         |                      |
| SUBURB   |                                   | STATE & POSTCODE        |                      |
| TELEPHONE (H)  |                                   | TELEPHONE (W)           |                      |
| MOBILE   |                                   | EMAIL                   |                      |
| OCCUPATION TITLE & COMPANY N   | IAME                              |                         |                      |
| Club or Pensioner Men  |                                   |                         |                      |
| Service Member   |                                   |                         |                      |
| (A PERSON WHO IS SERVING , OR HAS SERVEI<br>IN THE ARMED FORCES OR RESERVE FORCES) |                                   |                         |                      |
| Club Member  | <b>\$160</b> PERP                 | ETUAL (LIFELONG M'SHIP) | <b>\$100</b> 10 YEAR |
|  | <b>\$60</b> 5 YEAR                |                         | <b>\$10</b> 1 YEAR   |
| Pensioner (Aged)   | \$120 PERPETUAL (LIFELONG M'SHIP) |                         | <b>\$70</b> 10 YEAR  |
| Club Member (IDENTIFICATION REQUIRED)  | <b>\$40</b> 5 YEAR                |                         | <b>\$10</b> 1 YEAR   |
| CENTRELINK PENSION No.<br>(seniors card not accepted)<br>SERVICE NUMBER            |                                   |                         |                      |

# STEP 4

(STEP 5

Please read, date and sign



### **Declarations**

I am over the age of 18 years and wish to become a Member of the Kirribilli Club and request that you enter my name on the Registrar of Members accordingly. I agree to be bound by the Club's Constitution and any rules, regulations or by-laws and Government regulations that are in force.

I understand that Membership is not transferable or refundable.

Perpetual Membership exists for the life of the Member or until written resignation of Membership is received.

### DATE

### **SIGNATURE**

### **Privacy Statement**

The Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form will be used to process your Membership Application. Failure to provide all the requested information may result in your application being rejected. You have a right to access and amend any of your personal information that the Club holds on record.

The Club does not disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your Membership card in gaming or other Club machines (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about our services, new promotions and upcoming events.

The Club's complete privacy policy is available from Reception upon request.

Should you have any concerns regarding privacy issues, please contact the Club's Privacy Officer.

# OVERLEAF) Member Information If you do not wish to receive

If you do not wish to receive information about services and promotions, the Club, on request, will remove your name from the mailing lists.

Player Activity Statements are available upon request. The Club's Annual Report is published on the Club's website.



# S

| STEP 5  | Payment Details  |                      |                     |  |  |
|---|--|----------------------|---------------------|--|--|
| Please identify<br>a method of<br>payment           | CASH \$  |                      |                     |  |  |
|   | CHEQUE / MONEY ORDER \$  |                      |                     |  |  |
|   | CREDIT CARD \$   |                      |                     |  |  |
|   | REWARDS POINTS \$  |                      |                     |  |  |
|   | Please debit the selected credit card M'CARD VISA AMEX OTHER                                       |                      |                     |  |  |
|   | CARD No.   | 1111111              | EXP. DATE           |  |  |
|   | CARD HOLDER'S NAME:  |                      | CCV / CVN # ] ] ]   |  |  |
|   | SIGNATURE  |                      |                     |  |  |
|   |  |                      |                     |  |  |
| STEP 6 Please select your interests and preferences | I would like the Kirribilli Club to notify me of special events, promotions and entertainment via: |                      |                     |  |  |
|   | ☐ Email  | ☐ Mail               | Website             |  |  |
|   | ☐ Local Magazines / Newspape   | ers Club Newsletters | ☐ Don't want a copy |  |  |
|   | My preferred interests are:  |                      |                     |  |  |
|   | MUSIC  |                      |                     |  |  |
|   | ☐ Live Bands   | ☐ Duets              | ☐ Soloist           |  |  |
|   | Jazz   | ☐ Easy Listening     | ☐ None              |  |  |
|   | Please List Others:  |                      | <del></del>         |  |  |
|   | WHAT TYPE OF ENTERTAINMENT DO YOU LIKE?  |                      |                     |  |  |
|   | Live Shows / Tribute Acts  | <br>☐ MEL CUP        | □ NYE               |  |  |
|   | ☐ Private Functions  | ☐ ANZAC DAY          |                     |  |  |
|   | ☐ Trivia   | ☐ Sporting Events    |                     |  |  |
|   | Please List Others:  |                      |                     |  |  |
|   | My dining preferences are:   |                      |                     |  |  |
|   | ☐ Watergrill Restaurant  | ☐ Coffee Shop        |                     |  |  |

Identification

Please List Others:

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**DRIVERS LICENCE NO:** MEMBERSHIP NUMBER:

RECEIPT NUMBER: **STAFF NAME:**