

MEMBERSHIP APPLICATION FORM

MR / MRS / MISS	SURNAME :	FIRST NAME :
DATE OF BIRTH / /	DRIVERS LICENCE NUMBER :	OTHER ID NUMBER :
ADDRESS :		
SUBURB :	STATE :	POSTCODE :
POSTAL ADDRESS :		
CITY :	STATE :	POSTCODE :
OCCUPATION :	WK PHONE :	
HOME PHONE :	MOBILE :	
EMAIL :		
SIGNATURE :		DATE : / /

I hereby apply for membership of the galston club and request that my name be entered into the members register. I agree to be bound by the memorandum and articles of association and the clubs by-laws that may be in force from time to time.

I understand that i am not eligible to win the members badge draw until my membership has been formally approved at the next directors meeting.

INTERESTS: Please tick the following that are of interest to you:

- | | | | | | | |
|---------------------------------------|----------------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dinner Dance | <input type="checkbox"/> Live Bands | <input type="checkbox"/> Trivia | <input type="checkbox"/> Bingo | <input type="checkbox"/> Raffles | <input type="checkbox"/> Chess | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Wine Tasting | <input type="checkbox"/> Rugby Union | <input type="checkbox"/> Golf | <input type="checkbox"/> Darts | <input type="checkbox"/> Cricket | <input type="checkbox"/> Poker | <input type="checkbox"/> Horse Racing |
| <input type="checkbox"/> Yoga/Pilates | <input type="checkbox"/> Rugby League | <input type="checkbox"/> Soccer | <input type="checkbox"/> AFL | <input type="checkbox"/> Cycling | <input type="checkbox"/> Fishing | |
| <input type="checkbox"/> Snooker/Pool | <input type="checkbox"/> Tennis/Squash | <input type="checkbox"/> Netball | <input type="checkbox"/> Poker | <input type="checkbox"/> Dancing | <input type="checkbox"/> Gaming Machine Promos | |

Other I do not wish to receive marketing Emails or SMS from the Club

I wish to opt in to receive gaming promotions
 (Your consent to receiving gaming machine advertising may be withdrawn at any time by notice in writing to the Club.
 Your given consent continues until your membership of the Club expires.)

PRIVACY STATEMENT

The Galston Club is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you on this application will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you. The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so.

STAFF USE ONLY

MEMBERSHIP FEES: (PLEASE TICK – FILL IN ON PAYMENT & ATTACH TILL RECEIPT TO FORM)

ORDINARY:	<input type="checkbox"/> ONE YEAR - \$11.00	or	<input type="checkbox"/> FIVE YEARS - \$40.00	PROVISIONAL MEMBERSHIP NUMBER:
SENIOR:	<input type="checkbox"/> ONE YEAR - \$5.00	or	<input type="checkbox"/> FIVE YEARS - \$20.00	STAFF NAME:
SUB BRANCH:	<input type="checkbox"/> ONE YEAR - \$5.00	or	<input type="checkbox"/> FIVE YEARS - \$20.00	DATE: / / 20.....

Hills District Memorial Club Limited ABN: 66 000 908 476

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