

MEMBERSHIP APPLICATION

Brewarrina Sub Branch RSL Club Limited

Please read and fill in all sections of this *Membership Application in full detail*

I, **Mr/Mrs/Ms/Miss** _____

Please circle

Print First Name

Print Surname

Address: _____

Number & Street Name

Suburb, State & Post Code

Postal Address: _____

Number & Street Name / PO Box

Suburb, State & Post Code

Date of Birth: ___/___/___ **Email address:** _____

Phone: _____ **Mobile:** _____

Membership Categories & Prices

- Member: \$25.00 - Annual Membership \$15.00 Plus New Member Application Fee: \$10
- Aged Pension Membership \$12.00 - Aged Pension Membership: \$2.00 Plus New Member Application Fee: \$10

All Persons must show a form of Photo ID that includes address IE; Driver's License, Persons applying for Aged Pension Membership must show Pension Card and have number recorded by a member of RSL Club Staff.

Driver's License Card No: _____ Pension Card no; _____

Please circle if you wish to receive The Club's Annual report via post: **YES NO**

Please circle if you wish to receive Club promotion information via POST/EMAIL/SMS: **YES NO**

Do you wish to opt out of the of the Club's player reward scheme, sign if yes _____.

Applicant Statement

- It is my desire that my name be entered in the register of members of the Brewarrina RSL Club
- If granted membership, I agree to observe the rules and by-laws of the Brewarrina RSL club.
- I understand that my application will be considered by the Board of Directors, at their monthly meeting, and they may choose to refuse my application to become a member
- **I understand that if my application for membership is unsuccessful that I will not be permitted to enter the club**
- If unsuccessful, my application fee will be refunded in full.
- I understand that if my application is unsuccessful at this time I will be eligible to re-apply in three (3) months
- I understand that once my *Membership application* has been submitted, and the application fee paid in full, I am permitted to enter the club under visitor rules. (Unless I am currently barred, suspended or have had my application declined previously)

Signature of Applicant _____ **Date** _____

Staff Use Only – Please Check ID for address and

Date: ___/___/___ Receipt No: _____ Card Given: _____

Staff Member: _____ **Entered:** _____

Please advise membership applicant that their Application for Membership will be considered at the next board meeting