

NEW MEMBERSHIP APPLICATION FORM



TYPE OF MEMBERSHIP

1 Year - \$15 3 Year - \$18 (\$6 per year) 5 Year - \$20 (\$4 per year) 1 Year Pensioner - \$2.20

MANDATORY DETAILS - Required fields*

Mr / Mrs / Ms / Miss (Circle)* Date of Birth* dd / mm / yyyy Occupation e.g. Sales Assistant* _____

Given Names* _____

Surname* _____

Address* _____

Suburb* _____ Postcode* _____ State/Territory* _____

Contact Number* _____ Email* _____

Proposed by Member Name* _____ Membership Number* _____

COMMUNICATIONS

Keep me updated with the latest gaming promotions and news

OPTIONAL DETAILS

Country of Birth _____ Preferred Language _____

DECLARATIONS AND CONSENT

Please read the below

1. I hereby apply for membership of Parramatta Leagues Club Limited and Vikings Sports Club Limited and acknowledge that my membership will be provisional until approved by the Board of Directors.
2. Membership fees are non-refundable unless your membership is not approved.
3. I agree to abide by the Constitution and By-laws of the Club.
4. On becoming a member of the Club, I will automatically be a part of its Priority Rewards program. I am aware that I can access the program's terms and conditions, and can opt out of receiving marketing material at a later stage if I wish to by seeing Reception or calling 02 8833 0777.
5. I understand that this information above can be used by Parramatta Leagues Club for marketing purposes. The data collected will be handled sensitively, securely and in compliance with the Privacy Act requirements. At any time, I will be able to opt out of marketing communications.
6. I acknowledge that in some cases it is mandatory for the Club to send constitutional updates and notices to all members.

I have read and understood the above

Applicant's Signature* _____ Date dd / mm / yyyy

OFFICE USE ONLY

Priority Rewards brochure offered Y / N Brochure taken (Circle)

Proof of Identification: Passport RTA ID Driver's Licence Pension Card Other _____

Receipt Number _____ Date Paid _____ **Membership Number** _____

Processed by: Name _____ Staff ID _____ Updated by: Name _____ Staff ID _____