



Membership Application Form

New member

Renewal

Membership # _____

Old card expiry date _____

Type of Membership

1 Year (\$15)

3 Year (\$18)

5 Year (\$20)

1 Year Pensioner (\$2.20)

Personal Details

Mr/Mrs/Ms/Miss

*Given names _____ *Date of birth _____

*Surname _____

*Occupation _____

*Unit no./Street address _____

*Suburb _____ *State _____ *Postcode _____

Contact Details

*Mobile _____ *Home phone _____

*Email _____

I consent to receiving gaming promotion communications

Declarations and Consent

1. I hereby apply for membership of Parramatta Leagues Club Limited and Vikings Sports Club Limited ("the Club") and acknowledge that my membership will be provisional until approved by the Board of Directors or representative(s).
2. I understand that membership fees are non-refundable unless my membership is not approved.
3. I consent to my Rewards Points being used for automatic payment of my Membership renewal fee.
4. I agree to abide by the Constitution and By-laws of the Club.
5. I acknowledge that in some cases it is mandatory for the Club to send constitutional updates and notices to all members.
6. 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 8833 0777.
7. I understand that this information above can be used by the Club for marketing purposes. The data collected will be handled sensitively, securely and in compliance with the Privacy Act requirements. A copy of the complete Privacy Policy can be accessed at parraleagues.com.au.

*Signature of Applicant _____ *Date _____

Office Use Only

New membership # _____ OR Renewal membership # _____

Proof of identification: Driver's license RTA ID Passport

ID reference # _____ *ID Expiry date _____

Payment Receipt # _____ *Payment date _____

Staff signature _____