**APPLICATION FOR MEMBERSHIP**

1ST January to 31st December

*Applicants must supply a photo ID (ie: Drivers Licence, Passport or Photo Card)*

I hereby make an application to become a member of the Finley Returned Soldiers’ Club and request that you enter my name on the Register of Members. As shown hereunder I certify that I am over 18 years of age. I understand and agree to abide by the Constitution By-Laws and all other rules of the Club.

**APPLICANT’S DETAILS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | Click or tap here to enter text. | | | | **Last Name** | Click or tap here to enter text. | | | |
|  | | | | | | | | | |
| **Phone** | Click or tap here to enter text. | | | | | **DOB** | Click or tap here to enter text. | | |
|  |  | | | | |  |  | | |
| **Email address** | Click or tap here to enter text. | | | | | | | | |
|  | | | |  | | | | | |
| **Residential Address** | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | | **Post Code** | | | Click or tap here to enter text. |
| **Mailing Address if different** | | | | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | | **Post Code** | | | Click or tap here to enter text. |
| **Occupation** | | Click or tap here to enter text. | | | | | | | |
| **Emergency Contact:** | | | **Name:** Click or tap here to enter text. | | | **Phone:** | | Click or tap here to enter text. | |

**Membership Type**

|  |  |  |  |
| --- | --- | --- | --- |
| **1 YEAR$10** | **2 YEARS $20** | **3 YEARS $25** | **Junior $5** |

|  |  |  |
| --- | --- | --- |
| Would you like to receive the Club’s Annual Report by post? | YES | NO |
| Please include me in your monthly e-news with special offers, discounts and promotions. (You can opt out at any time) | YES | NO |
| The Club’s Financial Report is available on our website at [www.finleyrsc.com.au](http://www.finleyrsc.com.au) | | |

I declare that the information I have provided on this form is true and correct.

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| --- | --- | --- | --- |
| **SIGNATURE** |  | **DATE** |  |

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| **PAYMENT DETAILS** | | | |  | |
| You can make payment by any of the following methods | | | | Cash | Credit Card |
| Credit Card – please complete the details below and return to the Club | | | | VISA | Mastercard |
| Card Number | Click or tap here to enter text. | | | Amount $ | Click or tap here to enter text. |
| Name on card | Click or tap here to enter text. | CCV | Click or tap here to enter text. | Expiry Date | Click or tap here to enter text. |
| Signature |  | | | | |

PRIVACY STATEMENT

The Finley Returned Soldiers Club is subject to the provision of the Privacy Act 1988. The personal information provided by you on this form/application and attached documents 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 the 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 organization 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 your personal information confidential and secure. Our personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATM), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

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| **FOR OFFICE USE ONLY**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MEMBERSHIP FOR:** | **1 YEAR$10** | **2 YEARS $20** | | | **3 YEARS $25** | | | | | **Junior $5** | | **MEMBERSHIP NO:** |  |  | | | **RECEIPT NO:** | |  | | | | | **DATE PROCESSED:** |  | | **PROCESSED BY:** | |  | | |  | | | | **APPLICANT’S ID CHECK (sited and colour copy with application)** | | | | | | | | | | | | **DRIVER’S LICENCE NO:** |  | **PASSPORT NO:** | |  | | **PHOTO CARD NO:** | | |  | |  |  | | --- | | **NOTES/COMMENTS:** | |  | |  | |  | |