

FINLEY RETURNED SOLDIERS CLUB
63-67 TOCUMWAL STREET
FINLEY NSW 2713
PH: 03 58831366 FAX: 03 5883 3038
EMAIL : admin@finleyrsc.com.au



MEMBERSHIP APPLICATION

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

SURNAME _____ (circle) MR MRS MISS MS

GIVEN NAMES _____

DATE OF BIRTH ___/___/___

RESIDENTIAL ADDRESS

POSTAL ADDRESS

STREET AND NO _____

P.O. BOX _____

SUBURB _____ STATE _____ PCODE _____

PHONE HOME _____ WORK _____ MOBILE _____

EMAIL ADDRESS _____

OCCUPATION _____ (if retired then your previous occupation) _____

Do you wish to receive the Club's Annual Report by post? YES NO

NB: The Club's Financial Report is available on the Club's website www.finleyrsc.com.au

I wish to subscribe to electronic monthly e-news with special offers, discounts and promotions. YES NO

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.

SUB CLUBS AFFILIATION PLEASE CIRCLE BOWLS SQUASH CLUB SUB BRANCH

OR SPORTING CLUB AFFILIATION _____ (PLEASE SELECT ONLY ONE)

I hereby certify that I am over the age of 18 and I agree to abide by the Rules and Regulations of the Finley Returned Soldiers Club.

SIGNATURE _____ DATE ___/___/___

FOR OFFICE USE ONLY

MEMBERSHIP FOR: Please Circle 1 YEAR \$10.00 2 YEAR \$20.00 3 YEAR \$25.00

MEMBERSHIP NO: _____ RECEIPT NO _____

PROCESSED DATE ___/___/___ PROCESSED BY _____ AMOUNT PAID \$ _____

APPLICANTS ID CHECK

DRIVERS LICENCE _____ PASSPORT _____ OTHER _____

Please complete if paying via credit card

Name of Card Holder _____

Card VISA/MASTERCARD/ BANKCARD NO _____ Exp Date ___/___/___

Amount \$ _____ Signature _____

(NOT VALID UNLESS SIGNED BY CARD HOLDER)