

MEMBERSHIP FORM

(* must be completed)

*I, Mr/Mrs/Miss/Ms(Given name, Family name)

*Address.....*Suburb.....*Postcode.....
(NO PO Boxes please)

*Postal address (or 'as above')*Suburb.....*Postcode.....

*Home Ph.....*Mobile Ph.....Business Ph.....

*Email*Date of birth:/...../.....

Occupation Membership (if any) of other club

***SMS Text Messages:** I would like to receive SMS text messages
 Yes No

***Annual Reports:** Yes, via post Yes, via email Do not send

***Gaming Information:** I would like to receive information on gaming promotions: (you may select more than one option)
 Yes, via post Yes, via email Do not send

***Membership Type**
Associate 1 Year \$5.50 5 Years \$25.00
Pensioner 1 Year \$3.50 5 Years \$15.00 (Must supply proof of Commonwealth pension)

Interests (Please tick your selections) Tab Keno Bingo Entertainment Raffles Promotions
 Courtesy Bus Beverages Bistro Coffee Shop Gaming

How did you hear about us Flyers/Advertisements Newspaper Word of mouth Website Radio
 Previously a member, If so why did you not renew?

Notice to all intending Members - all moneys MUST accompany Application for Membership

Privacy Policy: Riverstone-Schofields Memorial Club Ltd is subject to the provisions of the Privacy Act 1988. The Act contains 10 National Privacy Principles that set standards for the handling of personal information. The Club has a commitment to privacy and the safeguarding of member, visitor and staff personal information. Any personal information provided by you to the Club (i.e. name, address, date of birth and contact details), will be protected. The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so.

If you do not wish to receive information about services and promotions, the Club, on request, will remove your name from the mailing/SMS list.
If you require further information regarding the Privacy Policy, please contact Club Administration.

SIGN HERE Signature of Applicant
Date

OFFICE USE ONLY

Receipt No:Date Paid:Amount Taken:

Proof of age: Photo I.D. YES NO

Staff Signature of who accepted application:

Staff processed Staff Initials: Membership No. Given:

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