

APPLICATION FOR MEMBERSHIP

MEMBERSHIP PERIOD OCTOBER 1 TO SEPTEMBER 30



YOUR DETAILS

FIRST NAME	<input type="text"/>	MR / MRS / MISS / MS <small>(please circle)</small>
FAMILY NAME	<input type="text"/>	DATE OF BIRTH <input type="text"/> / <input type="text"/> / <input type="text"/>
RESIDENTIAL ADDRESS	<input type="text"/>	
		POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
POSTAL ADDRESS	<input type="text"/>	
<small>Same as above</small> <input type="checkbox"/>		POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOME PHONE	<input type="text"/>	MOBILE <input type="text"/>
EMAIL	<input type="text"/>	

Privacy Policy Brothers Leagues Club Ipswich is committed to the privacy of your personal information such as your name and address etc supplied by you in your interaction with the Club under the Privacy Act 1988 (Cth). The Club will only use the information to provide its facilities and services to you and also plan new services and improve existing ones. The Management Committee may terminate a member's membership if the member: 1. is convicted of an indictable offence; or 2. conducts him/herself in a way considered to be injurious or prejudicial to the character or interests of the Association.

MEMBERSHIP

I hereby apply for membership of **BROTHERS LEAGUES CLUB IPSWICH LTD.**
I agree to abide by the rules of the Club and I tender the amount specified below.
(Please select only one option)

\$5.00 5 YEAR FULL MEMBERSHIP

SIGNATURE DATE / /

Brothers Leagues Club provides information on services and promotions via email, sms and mailout.

- Please tick if you **DO NOT** want to receive notification of special offers & promotions.
You may change your preference at any time.

OFFICE USE ONLY

Received Date: _____ Time: _____ am/pm

Identification Sighted:

- DRIVERS LICENCE PASSPORT PROOF OF AGE

Identification Number: _____

Amount Received: _____

Received By: _____

MEMBERSHIP NUMBER: _____

INFORMATION CONFIRMED AND ENTERED INTO DATABASE

Name: _____

Signed: _____

Date: _____

