



# 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 \_\_\_\_\_

The NSW Government requires members to provide their occupation information

\*Unit no./Street address \_\_\_\_\_

\*Suburb \_\_\_\_\_

\*State \_\_\_\_\_

\*Postcode \_\_\_\_\_

\*Proposed by member # \_\_\_\_\_

\*Proposed by member name \_\_\_\_\_

## Contact Details

\*Mobile \_\_\_\_\_

\*Home phone \_\_\_\_\_

I consent to receiving gaming promotion communications \*Email \_\_\_\_\_

## 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 Bonus 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 \_\_\_\_\_

Comms:  SC

Staff signature \_\_\_\_\_