MEMBERSHIP APPLICATION



KINGAROY DISTRICT RSL & CITIZENS MEMORIAL CLUB INC.

FIRST NAME:							MR	Mrs	Ms	MISS	
SURNAME:											
CURRENT RESIDENTIAL ADDRESS:											
Postal Address:											
CITY:			STATE:			POST CODE:					
DATE OF BIRTH: / / Please tick			() if you do not wish to receive any promotional materials or offers								
PHONE NUMBER:				MOBILE NUMBER:							
MEMBERSHIP DETAILS Please indicate preferred membership											
CITIZEN 3 YEARS \$10.00			SENIOR (80+) NO FEE (ID REQ.)			RETURNED SERVICE (OTHER APP FORM REQ.) STAFF					
NOMINATED BY:			M/SHIP #		SIGN	SIGN					
SECONDED BY:			M/SH	M/SHIP #		Sign					
TO THE DIRECTORS, I DECLARE THAT I AM EIGHTEEN YEARS OF AGE OR OVER AND I AGREE TO ABIDE BY THE											
RULES AND REGULATIONS OF THE KINGAROY & DISTRICT RSL & CITIZENS MEMORIAL CLUB AT ALL TIMES											
SIGNATURE OF APPLICANT:				DATE:					/		
OUR PRIVACY POLICY:											
The Kingaroy RSL is committed to the privacy of your personal information supplied on this form under the QLD Club Industry privacy Code. The Club will use the information to process your membership application and to provide its facilities and services to you. The Club may use your personal information for marketing purposes, which may include sending you promotional material and offers from the Club and reputable third parties associated with the Club. You may access, update and amend your personal information at any time upon a written request. Your personal information may be displayed at the Club prior to any acceptance of you as a member. Please contact our office if you have any questions regarding the Privacy Code.											
Office Use Only: ID Sighted: Drivers Licence # 18+ Card											
Passport #											
Cit 3 🔲 Cit 1 🗌 Senior 🔲 Staff 🗌 RSL Sub-Branch 🗌 Issued Membership #											
Entered by: Date Entered//											