

# Tamworth Services Club Membership Form

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Name		Middle Name	
Surname			

Address		
Suburb	State	Postcode

Postal Address		
Suburb	State	Postcode

Occupation
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Date of Birth
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Telephone	Mobile
Fax	Work
Email	

<i>Subscription (please tick appropriate box)</i>		
1 Year \$10 <input type="checkbox"/>	2 Years \$18 <input type="checkbox"/>	3 Years \$25 <input type="checkbox"/>

<i>If I am admitted as a member of the Tamworth Services Club Ltd I agree to be bound by the Memorandum and Articles of Association of the Club.</i>	
Signature	Date

<i>Identification (please tick appropriate box)</i>		
Passport	<input type="checkbox"/>	No.
Drivers Licence	<input type="checkbox"/>	No.
18+ Card	<input type="checkbox"/>	No.
Other	<input type="checkbox"/>	No.

Verified by <i>(Staff member to sign)</i>
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**The Board of Directors and Management welcomes your application.**

**The Tamworth Services Club supports local sport.**

**PRIVACY STATEMENT**

The Tamworth Services Club Limited is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application 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 a 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 organisation 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.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATMs), 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.

Do you wish to receive marketing material and information about our promotions and services	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Signature	Date

<b>OFFICE USE ONLY</b>			
Date Received		Receipt No.	
Date Passed by Board of Directors			
Amount Received		Member No.	