

MEMBERSHIP APPLICATION FORM

■ ¢1∩ 5YEARS

to 1YEAR

Ψ Δ (EXP. 31/12/23) Ψ Δ (EXP. 31/12/27)
Mr. Mrs. Ms. Surname
First Name(s)
Home Address
Date of Birth
Home Phone
Mobile
Email
Nationality
Members are included in the Card It Cashless Gaming System. To be excluded, please inform reception. The law requires the Club to give you WRITTEN NOTICE of general meetings. If you do not wish to receive via post, please provide your email address. The Club complies with the Privacy Act and protects all personal information. I hereby apply to be a social member of the Club Burwood Group. I declare I am over 18 years and if accepted, agree to abide by the constitution and rules of the Club.
PHOTO COMPULSORY FORM MUST BE LODGED IN PERSON
I wish to receive Club marketing that may include gaming material.
SIGNATURE
DATE
OFFICE USE:
Badge # Entered by
ID Type ID Reference