



**LIVE ENTERTAINMENT**

**GREAT DINING FACILITIES**

**FANTASTIC MEMBERS PROMOTIONS**

*Come along and be part of a great Club, simply fill out this form and drop it back to the Club office.*

**WHERE EVERYONE FEELS WELCOME**

MONDAY to SATURDAY - 10am  
SUNDAY - 10.30am

Ph: **6845 2877**



75 Arthur St,  
WELLINGTON NSW 2820



**MEMBERSHIP APPLICATION**



**MEMBERSHIP APPLICATION**

**Join Today!**

# WELLINGTON SOLDIERS MEMORIAL CLUB APPLICATION

PLEASE PRINT AND ANSWER ALL QUESTIONS

Mr     Mrs     Miss     Ms

Surname:.....

Given Names:.....

Address:.....

.....Postcode.....

Postal Address (if different to above).....

.....

Date of Birth:.....

Ph: (H).....(W).....

Mobile:.....

Email:.....

Occupation:.....

- One (1) Year Membership - \$5
- Three (3) Year Membership - \$10
- Five (5) Year Membership - \$15

Note:

- Prices per Club calendar year (January to December).
- Identification is required when collecting Membership Cards.
- In accordance with rules under section 30 (20a) of the Registered Clubs Act, you are advised that your name will be displayed on our notice board for a period of 2 weeks prior to our meeting.

## PRIVACY STATEMENT

*The Wellington Soldiers Memorial Club 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 the 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 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 machine or other 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 these services and any new related services and promotions.*

**Do you wish to receive the Club's Annual Report?**

Yes

If Application is accepted, I agree to be bound by the Constitution and by-laws of Wellington Soldiers Memorial Club Ltd.

Signature of Applicant.....

Date Submitted.....

Nominated By.....

Membership No.....

Seconded By.....

Membership No.....

### OFFICE USE ONLY

DATE.....

LICENCE / ID sighted

RECEIPT NUMBER.....

M'SHIP FEE PAID.....

MEMBERSHIP NUMBER.....

OFFICE SIGNATURE.....