

## **APPLICATION FOR MEMBERSHIP**

Application of	Mr Mrs Miss					
	Ms				(Second Name in Block Letters)	
Private Address	:				Postcode:	
Telephone:				Date	of Birth:	
Occupation:				Relig	ion (optional):	
Email Address:						
Proposer's Name:			M/ship No:			
Seconder's Nan	ne:				M/ship No:	
Five Year Mem	bership		\$ 11.00			
One Year Memb	pership		\$ 3.00			

## **PRIVACY STATEMENT**

The Ashfield Catholic and Community Club is subject to the provisions of the Privacy Act 1988. The personal information provided on this application will be used to process your membership application. Failure to provide all necessary information will result in your application being rejected. The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. Your personal information may be used by the club for marketing purposes to improve our service and to provide you with the latest information about those services and any new services and promotions

Do you wish to receive marketing material and information about our promotions and services?

YES

NO L

I, the undersigned, am over the age of 18 years, and I agree, if accepted as a member, to abide by the Rules, Regulations and By-Laws of the Club.

Date: \_\_\_\_\_Signature: \_\_\_\_\_

OFFICE USE ONLY				
ID Type:	ID Number:			
Member Number:	Receipt Number:			
Staff Number:	Staff Signature:			