

# Membership Application

## STEP 1

Please complete personal details

MR / MRS / MISS / MS / DR	DATE OF BIRTH
GIVEN NAME	SURNAME
ADDRESS	
SUBURB	STATE & POSTCODE
TELEPHONE (H)	TELEPHONE (W)
MOBILE	EMAIL
OCCUPATION TITLE & COMPANY NAME	

## STEP 2

Please select Membership category

**Club or Pensioner Member**   
(NON SERVICE MEMBER)

**Service Member**   
(A PERSON WHO IS SERVING , OR HAS SERVED, IN THE ARMED FORCES OR RESERVE FORCES)

## STEP 3

Please select your desired Membership

<b>Club Member</b>	<input type="checkbox"/> \$160 PERPETUAL (LIFELONG M'SHIP)	<input type="checkbox"/> \$100 10 YEAR
	<input type="checkbox"/> \$60 5 YEAR	<input type="checkbox"/> \$10 1 YEAR
<b>Pensioner (Aged) Club Member</b> <small>(IDENTIFICATION REQUIRED)</small>	<input type="checkbox"/> \$120 PERPETUAL (LIFELONG M'SHIP)	<input type="checkbox"/> \$70 10 YEAR
	<input type="checkbox"/> \$40 5 YEAR	<input type="checkbox"/> \$10 1 YEAR

**CENTRELINK PENSION No.**  
(seniors card not accepted)  
 SERVICE NUMBER

## STEP 4

Please read, date and sign

**Declarations**

I am over the age of 18 years and wish to become a Member of the Kirribilli Club and request that you enter my name on the Registrar of Members accordingly. I agree to be bound by the Club's Constitution and any rules, regulations or by-laws and Government regulations that are in force.

I understand that Membership is not transferable or refundable.  
 Perpetual Membership exists for the life of the Member or until written resignation of Membership is received.

SIGN HERE



DATE	SIGNATURE
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**Privacy Statement**  
 The Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form will be used to process your Membership Application. Failure to provide all the requested information may result in your application being rejected. You have a right to access and amend any of your personal information that the Club holds on record.

The Club does not 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 personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your Membership card in gaming or other Club machines (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about our services, new promotions and upcoming events.

The Club's complete privacy policy is available from Reception upon request.

Should you have any concerns regarding privacy issues, please contact the Club's Privacy Officer.

## (STEP 5 OVERLEAF)

**Member Information**  
 If you do not wish to receive information about services and promotions, the Club, on request, will remove your name from the mailing lists.  
 Player Activity Statements are available upon request. The Club's Annual Report is published on the Club's website.



# STEP 5

Please identify a method of payment

### Payment Details

CASH \$ \_\_\_\_\_

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CHEQUE / MONEY ORDER \$ \_\_\_\_\_

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CREDIT CARD \$ \_\_\_\_\_

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REWARDS POINTS \$ \_\_\_\_\_

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Please debit the selected credit card

M'CARD     VISA     AMEX     OTHER

CARD No.	EXP. DATE
CARD HOLDER'S NAME:	CCV / CVN #.....
SIGNATURE	

# STEP 6

Please select your interests and preferences

I would like the Kirribilli Club to notify me of special events, promotions and entertainment via:

Email                                     Mail                                     Website

Local Magazines / Newspapers     Club Newsletters                 Don't want a copy

My preferred interests are:

### MUSIC

Live Bands                                 Duets                                 Soloist

Jazz     Easy Listening                       None

Please List Others: \_\_\_\_\_

### WHAT TYPE OF ENTERTAINMENT DO YOU LIKE?

Live Shows / Tribute Acts             MEL CUP                               NYE

Private Functions                       ANZAC DAY

Trivia                                         Sporting Events

Please List Others: \_\_\_\_\_

My dining preferences are:

Restaurant                                 Coffee Shop

Please List Others: \_\_\_\_\_

<b>Identification</b>	
DRIVERS LICENCE NO:	MEMBERSHIP NUMBER:
STAFF NAME:	RECEIPT NUMBER:

OFFICE USE ONLY