



301-305 High Street, Nagambie, 3608
Ph: 03 5794 2747 Fax: 03 5794 2165

\$5 GAMING

APPLICATIONS FOR COMPETITIVE OR SOCIAL MEMBERSHIP MUST USE FULL MEMBER FORM

TITLE Mr/Mrs/ **GIVEN NAMES** _____ **SURNAME** _____

TELEPHONE No. Home _____ Work _____ Mobile _____

Email Address _____

RESIDENTIAL ADDRESS _____

Suburb/Town _____ State _____ Postcode _____

TICK THIS BOX IF YOU DO NOT WISH TO RECEIVE CLUB NEWS, ENTERTAINMENT, FREE MEALS & DRINKS AND GAMING INFORMATION

DATE OF BIRTH _____

OCCUPATION _____

YOUR INTERESTS

WINE & FOOD

SPORT

ENTERTAINMENT

ROWING

OTHER

YOUR AGE GROUP

18-25

25-35

35-50

50+

RE- **FERRED BY (MEMBER** **NAME)**

_____ _____

_____ **MEMBER NO.**

SIGNATURE OF APPLICANT _____ **DATE** _____

PLEASE NOTE: A fee of \$5.00 will be levied for replacement cards

OFFICE USE:

SYSNET DATABASE

TATTS DATABASE

Entered By : _____

Date : _____

PAYMENT:

Received By : _____

Date : _____

Amount : \$ _____

MEMBER CARD NO.