

MEMBERSHIP APPLICATION

It's never been a better time to become a member at **CHATSWOOD RSL**



PERSONAL DETAILS

PLEASE USE BLOCK LETTERS

*Required fields

* Mr Mrs Miss Ms

First Name* _____

Middle Name(s)* _____

Surname* _____

Residential Address* _____

Suburb _____ **Postcode** _____

*At least one contact number is required.

Home Phone _____

Mobile _____

Work Phone _____

Postal Address (If different from residential address) _____

Postcode _____

Email _____

Occupation* _____

Company Name _____

Date of Birth* / /

Emergency Contact Name _____

Emergency Contact Phone _____

Relationship _____

MARKETING PREFERENCES

Chatswood RSL Club is continually working towards environmental sustainability. In our efforts to decrease our impact on the environment we are aiming to decrease the amount of paper used for Annual Reports and other documents. Please select from the options below in regards to receiving the Annual Report and other Club notices.

I prefer to receive General Club Information and Advertising via Email Mail Do Not Send

I would like to opt in to receive advertising related to gaming machines via Email Mail SMS

(tick all that apply or none if you do not wish to opt in)

The Club's Annual Report is available at chatswoodrsl.com.au or by request at the membership office (9419 7386).

The Club's magazine is produced 3 times a year and available via email, on the Club's website or pick up a copy when you are in the Club. If you would like to receive a copy by mail please tick the box below.

Yes I would like a copy of the Club's magazine mailed to me

PLEASE READ AND SIGN

DECLARATIONS

I acknowledge that if I am elected as a *General Member of Chatswood RSL Club Limited* I will be bound by the provisions of the *Rules of the Club* and I undertake to observe such rules.

I herewith pay the entrance fee and annual subscription required for general membership of the club.

Signature of Applicant _____ **Date** / /



MEMBERSHIP APPLICATION CONT.

PRIVACY STATEMENT

Chatswood RSL Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application and attached documents 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 a right to access and correct any of your personal information the club holds about you.

The club does not usually disclose your personal information to any other organisation 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 your personal information safe and secure.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club 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 those services and any new related services and promotions.

A full copy of the Club's privacy policy can be accessed online at www.chatswoodrsl.com.au/privacy

CASHLESS ACCOUNT

Opting in for a Cashless Account allows you to collect Gaming Machine credits directly onto your membership card. If you have any questions or would like to change this preference at anytime please speak to our Customer Relations team.

I would like to opt in for a Cashless Account

SELECT MEMBERSHIP PERIOD

- 1 Year - **\$5.50**
- 5 Year - **\$16.50**
- 15 Year - **\$35.00**
- 3 Year - **\$11.00**
- 10 Year - **\$25.00**
- 20 Year - **\$45.00**
- Returned Servicemans League (You must be an active or returned serviceman to join)

PAYMENT DETAILS

<input type="checkbox"/> Cash	Please debit the selected credit card:		
<input type="checkbox"/> Cheque	<input type="checkbox"/> Bankcard	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX		
<input type="checkbox"/> Credit Card	Card No. _____	Exp. _____	/ _____
For the amount of \$ _____	Cardholder Name _____		
	Signature _____		

OFFICE USE ONLY

*Required fields

- NSW Photo Card / Proof of Age Card
- Passport
- Drivers Licence
- Centrelink Card

ID Number and Details _____

Sighted By (Print Name)* _____

ID State / Country of Issue _____

ID Expiry Date _____

STAPLE TILL RECEIPT HERE

MEMBERSHIP CARD NO.

THINK! ABOUT YOUR CHOICES WHAT ARE THE ODDS OF HITTING THE JACKPOT?
NO BETTER THAN A MILLION TO ONE

CALL GAMBLING HELP **1800 858 858** www.gamblinghelp.nsw.gov.au

Your player activity statement is available from the cashier.