



St Marys RSL & Ex-Servicemen's Club Limited

A.B.N 14 000 589 060

MAMRE ROAD ST MARYS NSW 2760

P.O. BOX 206 ST MARYS NSW 1790

Tel; 9623 6555 Fax; 9833 2379

Email; admin@stmarysrsl.com.au

MEMBERSHIP APPLICATION

Mr Mrs Miss Ms

SURNAME: FIRST NAMES:

ADDRESS: DATE OF BIRTH:

..... POST CODE:

PHONE.HOME: PHONE WORK:

PHONE MOBILE: OCCUPATION:

EMAIL: (Please print clearly)

M/Ship for 1 Year @ \$5.50 or 5 Years @ \$20.00

This Club is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Members, Visitors and Staff.

We will not disclose your personal information unless there is a threat to life, health or safety.

Your personal information may, with your permission, be used by the Club for marketing purposes.

You also have the right to access the personal information we hold about you.

For further information please contact the Club administration.

ANNUAL REPORT PREFERENCE

I wish to receive an annual report by Electronic Copy (Email) or Hard Copy (Book)

PLEASE TICK IF APPROPRIATE

I am a financial Member of the St Marys Sub-Branch of the RSL and apply for Membership of St Mary's RSL & Ex-Servicemen's Club Limited.

I certify that I am over the age of eighteen (18) years.

I request that you enter my name on the Register of Members, as an Ordinary or an Associate Member and I agree to be bound by your Constitution and By-Laws of the Club.

DATE:

SIGNATURE:

PROPOSER:

I propose the nomination of the abovementioned applicant

Signature of Proposer. Membership Number.

SECONDER:

I second the nomination of the abovementioned applicant

Signature of Seconder. Membership Number.

Office use only:

Membership Number. Receipt Number. Board Date

Membership Type. Date Joined. Signature.

Identification: D.L, Photo card, Passport, Pension, Other. DUP / NO DUP