



CLUB BURLEIGH MEMBERSHIP APPLICATION

MEMBER DETAILS

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Surname:	Given Name:	Date of Birth: _____/_____/_____
Address:		
Suburb:	State	P/Code:
Ph:	Mob:	
PO Box	State:	P/Code:
Suburb:	Email:	
Please tick if you DO NOT wish to receive information from the club via <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> SMS <input type="checkbox"/> Card It opt out		

SIGN

Applicant Signature:	Date:
<i>I hereby acknowledge that this Membership Application is pending upon the Board approval. If the application is declined I understand I will be contacted in writing and the Membership fee paid is non-refundable due to administration costs. I agree to abide by the Constitution, Code of Conduct, Dress Rules and By-laws of the Club and understand that failure to do so may result in my Membership being revoked. We may send promotional material to your given email address, postal address or mobile unless specified by you. The privacy of our Members is very important to us and no details will be shared outside of our business</i>	

PREFERENCES

Why do you attend the Club? Please tick
 Restaurant Gaming Bar Entertainment UBET

What do you read?
 Courier Mail The Bulletin The Australian The Sun

What do you listen to?
 92.5 Gold FM 102.9 Hot Tomato 90.9 Sea FM 89.3 4CRB

How do you prefer to find information?
 Social Media Radio Newspaper Email

Office Use Only

Photo ID	MEMBER NUMBER
Entered by	Checked by
Nominated	Seconded

SOCIAL MEMBER ASSOCIATE MEMBER FULL MEMBER