

MEMBERSHIP OPTIONS:

One Year \$9

Three Years \$24

MEMBERSHIP APPLICATION FORM

*Full Name: _____

*Address: _____

*Post Code: _____

*Telephone: Home: (____) _____

Business: (____) _____

Mobile: _____

*E-Mail Address: _____

*Occupation: _____

*Date of Birth: (dd/mm/yyyy): _____

*What is your preferred method of contact?: Email Mail SMS/Mobile

**In accordance with the Registered Clubs Act NSW, this information must be provided and accurate.*

Have you been a member of the Demo Club previously? YES NO

Are you a member of any of our sponsored Clubs?
 St Joes Soccer Club
 North Football Club
 Central Football Club

PRIVACY STATEMENT

The Barrier Social Democratic Club Ltd 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 the requested information may result in your application being rejected. You have a right to access and correct your personal information that the Club holds about you.

The Club does not usually 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 your personal information confidential and secure.

Your personal information, including information about you obtained as a result of your placing your membership card in a gaming machine or other Club machine (excluding ATM's), 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 services and promotions.

Do you wish to receive*:

Marketing material to keep up-to-date with what's happening in the Club, information about our **Promotions and Services** and information regarding **Gaming Promotions**? YES NO

An **Annual Financial Report**? YES NO

If YES to any of these options, what is your preferred method of delivery: Postal Mail E-Mail SMS

*Please note, that if you supplied an e-mail address on this application, any marketing or information will be passed along to that address electronically.

Would you like to auto-renew your membership with points accumulated when renewals are due? YES NO

By signing this application form, it is declared that:

1. I am over the age of 18 years, my date of birth as provided above;
2. I have read and understood the Privacy Statement as outlined above;
3. All details on this form are true and correct.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

Membership No: _____ Receipt No: _____ Amount Taken: _____ Computer Entry: Card Issued:
 Identification No: _____ State: _____ Exp. Date: _____ ID Type: _____ Staff Signature: _____ Date: _____