

Membership Application Sub-Branch

Payment, proof of age and identification must accompany this application



8 Tindale St, Penrith, NSW 2750
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subbranch@penrithrsl.com.au
www.penrithrsl.com.au

Please print: use black/blue ink only:

Mr Mrs Miss Ms

Surname: _____ First Name: _____

Residential Address: _____

Postcode: _____

Phone (Home): _____ (Mobile): _____

E-Mail: _____ Occupation: _____

Date of Birth: _____

Member's request pursuant to Section 316 of the Corporations Act 2001

I do not wish to receive the Club's Annual Report which would be provided under Section 314 of the Corporations Act 2001. I understand that I can obtain a copy of that material during office hours at the Club on my request.

Please Tick

GAMING

I consent to receive from Penrith RSL Club promotional material which contains gaming machine advertising.

***Gaming machine advertising that promotes or is intended to promote the playing of poker machines in the premises of the club.**

If you consent to receiving gaming machine advertising please tick the box below.

Your consent given by this form continues until your membership of the Club is due to be renewed. At that time you will be asked to provide a further consent. Yes No

CLUB INFORMATION

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 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 related services and promotions.

Do you wish to receive marketing material and information about our promotions and services? Yes No

Sporting Events Pokie Promotions Keno/TAB events Live Entertainment Raffles Wine
 Restaurant/Bistro Offers Family/Childrens Activities

PLAYER ACTIVITY STATEMENTS

All players who use their membership card to accrue points are advised that a Player Activity Statement is available on request by the end of the next business day.

By becoming a member I request you to enter my name in the Register of Members as an Associate Member, and I agree to be bound by the Constitution, Rules, By-Laws and Regulations of the Club now or from time to time in force.

Signature of Applicant

Date:

Office Use Only

Identification: _____

Witnessed by: _____

Processed by: _____

Membership No.: _____

(Till transaction Number) Please Attach Till Receipt

Annual sub-Branch Membership (\$10.20). **Membership expires 31 December each year**