



## APPLICATION FOR MEMBERSHIP

Application of Title: \_\_\_\_\_

First Name in Block Letters

Second Name Block Letters

Private Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposer's Name: \_\_\_\_\_ M/ship No: \_\_\_\_\_

Seconder's Name: \_\_\_\_\_ M/ship No: \_\_\_\_\_

☐ 1 year - \$5

☐ 5 years - pay \$13 and receive a \$10 voucher

☐ 10 years - pay \$23 and receive a voucher \$20 voucher

### PRIVACY STATEMENT

The Ashfield Catholic and Community Club is subject to the provisions of the Privacy Act 1988. The personal information provided on this application will be used to process your membership application. Failure to provide all necessary information will result in your application being rejected. The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so.

Your personal information may be used by the club for marketing purposes to improve our service and to provide you with the latest information about those services and any new services and promotions

Do you wish to receive marketing material and information about our promotions and services?

Yes ☐ No ☐

I, the undersigned, am over the age of 18 years, and I agree, if accepted as a member, to abide by the Rules, Regulations and By-Laws of the Club.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICE USE ONLY

ID Type: \_\_\_\_\_ ID Number : \_\_\_\_\_

MemberNumber: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Staff Number: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

### Ashfield Catholic and Community Club Ltd

1-11 Charlotte Street Ashfield NSW 2131 P.O Box 213 Ashfield NSW 1800  
02 9798 6344 info@clubashfield.com.au www.clubashfield.com.au