

NEW MEMBERS

APPLICATION FORM

PLEASE PRINT IN BLOCK LETTERS

Mr Mrs Miss Ms Other: _____

First Name* _____

Last Name* _____

Residential Address* _____

Suburb* _____

State* _____ Postcode* _____

Postal Address (PO Box - if applicable) _____

Suburb _____

State _____

Postcode _____

Date of Birth* _____

Telephone (Mobile)* _____

Email _____

Telephone (Home) _____

Signature* _____

*By signing applicant agrees to terms and bylaws of
Caboolture Citizens & Services Club Ltd.
Items bearing * must be filled in.

FEES - PLEASE TICK YOUR CHOICE

Social Membership

1 YEAR \$6.00

General Membership

1 YEAR \$9.00

Seniors 60 & Over

Social 1 YEAR \$3.30

General 1 YEAR \$4.40

MEMBERSHIP NUMBER

Please tick this box if you do not wish to receive marketing offers through the mail, on the internet or via SMS messages

Privacy Notice: By completing this membership application form, I acknowledge the following 1. Caboolture RSL collects the following personal information about me, my title, names, address, postal address, date of birth, email addresses, & mobile phone number if required. I understand that if this personal information is not provided it may result in Caboolture RSL being unable to process or accept this membership application form. 2. Caboolture RSL collects my personal information when I complete this membership application form. 3. Caboolture RSL collects my personal information to inform me of its products & services, to provide discounts & special offers, to conduct research & to develop its products & services. 4. Caboolture RSL will take reasonable steps to protect my personal information that they hold about me from misuse & loss & from unauthorised access, modification & disclosure. 5. I understand that Caboolture RSL, at times, will disclose personal information to their service providers including Australia Post & mail houses in a manner & for purposes that conform with the Privacy Act. 6. I understand I may call (07) 5495 1699 to access or correct my personal information, to stop Caboolture RSL sending me information about their products & services, seek clarification on this privacy notice or if I have complaint.

OFFICE USE ONLY

We propose for: _____

Membership: _____

Nominator: _____

Signature: _____

Membership No: _____

Secondar: _____

Signature: _____

Membership No: _____

Date Received: _____ Subscription: _____

Identification Supplied: _____

Caboolture RSL Club

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Email: info@caboolturersl.com.au

Web: www.caboolturersl.com

Follow us on social media

