

## PARKES SERVICES & CITIZENS'CLUB CO-OPERATIVE LIMITED.

## **Membership Application Form**

Pers	sonal Details					
Title First Name Surname Email Mobile		Mr / Miss / Ms / Mrs (please circle)		Other (please list) Preferred Name		
	ne Address et Address e			Suburb Postcode		
Tick	ing Address e The Regist	ress is same as home a  ered Clubs Act require provide all of the req	es that ALL of th		-	re possible.
	1 Year Mem	bership	\$ 10.00	☐ 1 Year Pens	sioner Membership	\$ 5.50
	3 Year Mem	bership	\$ 19.00	☐ 3 Year Pens	sioner Membership	\$ 10.00
□ 5 Year Ordinary Membership \$ 37.00  Must provide your <b>aged or disabil</b> i		•	☐ 5 Year Pensioner Membership \$ 19.00 pension card to receive pensioner membership			
Decla 1. 2. 3. 4.	you enter my nan Rules, House Pol I consent to recei rewards, prize dra I understand that All club members	e of 18 years and wish to become ne on the Register of Members a licy, By- Laws and Policies of the ving marketing materials, adverti aws, promotions, entertainment, membership is not transferable a over 18 years are entitle to partis s subject to the Parkes Services	ccordingly. If duly elected Parkes Services & Citize sing and other offer mater food, beverage, gaming a and the fee, or any part the cipate in Parkes Services	to the club, I hereby agree to ns Club Co-operative Ltd. rials from Parkes Services Cl nd Parkes Services Club revere of is not refundable. Club rewards program. I agr	o abide by the Memorandum a lub including but not limited to vards program. ree that my participation in the	and Articles of Association, material relating to birthday
Sigr	nature of App	licant		Date		
You had The P member The cl	arkes Services Club ership application. ub does not usually	and correct any of your persona is subject to the provisions of the disclose our personal information that provide services under cont	e Privacy Act 1988. The pents of to any other organisation	ersonal information provided or person unless there is a	legal requirement to do so. Th	e club may disclose your
Your p		including information about you as to improve our services and to				
	PROOF (	OF IDENTITY MUST		BY THE APPLIC	ANT WHEN LODG	ING THIS
Men	nber No:	Amount			ate	
Iden	tification Chec	k Drivers Licence	□ <sub>Passport</sub> □	Proof of Age Card	ID No:	
Pension Check Aged Disability Card no				ID Expiry Date:		
Staf	f Signature _					