

Please tick your preference:

Member No:

<b>1 Year</b> <b>\$5</b> 1/07/2019 - 30/06/2020
<b>5 Years</b> <b>\$20</b> 1/07/2019 - 30/06/2024



56 Merool Rd, (PO Box 41), Moama NSW 2731 ph. (03) 5482 6677  
 enquiries@moamarsl.com.au www.moamarsl.com.au

## Adult Membership Nomination Form

*The applicant is required to complete the details below and provide proof of identity. Please ensure that this form is signed by the applicant.*

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address *(if different from above)*: \_\_\_\_\_

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

DOB: \_\_\_\_\_ *(00/00/0000)*

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Please tick this box if you do not wish to receive marketing and gaming promotional information.  
*(In accordance with applicable legislation)*

In keeping with the Club's Environmental Sustainability Policy, the Club will be providing our Annual Report via the Club's website. Please ensure you have listed above your correct email address so we can send you a notification email when the Club's Annual Report is available.

I wish to become a member of Moama RSL and if accepted, agree to be bound by the constitution and rules or by-laws made there under. The use of my personal information will be dealt with as governed in the Privacy Act and Club's Privacy Policy, which is available upon request by contacting the Club's Privacy Officer. I hereby certify that the above particulars are correct.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_ *(00/00/0000)*

Player Activity Statements are available upon request, for further information contact club reception.

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### ONLY complete this section for Credit Card payments by email or mail.

#### Credit Card payment details:

I give consent to debit my Credit Card: **\$5** for a 1 Year Membership OR **\$20** for a 5 Year Membership  
*1/07/2019 - 30/06/2020 1/07/2019 - 30/06/2024*

Mastercard: \_\_\_\_\_ Visa: \_\_\_\_\_ Amex: \_\_\_\_\_

Exp: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

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

*\*Please note: If you're making payment via email or mail, your Membership Card will be held at reception until your next visit to the Club when you can provide adequate proof of ID before receiving your card.*

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Office Use Only	
Proof of Age = Driver's Licence ID#	Passport#
Proof of Age ID Card#	Staff Initials#
	<b>\$5</b> for 1 Year
	<b>\$20</b> for 5 Years