

Palm Beach (Qld) SLSC Supporters Club Inc.

MEMBERSHIP APPLICATION FORM

Membership
year is 01 May
to 30 April

Personal Details *Denotes required field

Mr Mrs Miss Ms

* First Name/s _____ *Surname _____

* Date of Birth _____

Residential Address

* Street Name & Number _____

*Suburb _____ *State _____ *Postcode _____

Postal Address (only if different to residential address)

* Street Name & Number _____

*Suburb _____ *State _____ *Postcode _____

Contact Information

Home Phone _____ *Mobile _____

*Email Address _____

Please tick: Yes, I'd like to receive promotional material in relation to Members' exclusive offers, promotions, entertainment and food & beverage offers.

Privacy and AML-CTF Statement:

Palm Beach (Qld) Surf Life Saving Club Supporters Club Inc. (the Supporters Club) is subject to the provisions of the Privacy Amendment Act (Enhancing Protection) 2012, which amends the Privacy Act 1988. The personal information provided by you on this form will be used to process your membership application. A copy of the Supporters Club's complete Privacy Policy is available at Club Reception. All information required on this membership form is essential for approval of your membership. You have a right to access and correct any of your personal information that the Supporters Club holds. Under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AMLCTF), the Supporters Club is required to collect the above personal information. The Supporters Club will disclose your information if there is a legal requirement to do so and we may disclose your information to third parties that provide services to the Supporters Club. This will be done under strict agreements and supervision, ensuring that your personal information is confidential and secure. Your personal information, including information obtained as a result of placing your membership card in a gaming machine or point of sale outlet (not Automatic Teller Machines), may be used for marketing purposes.

Declaration

I would like to become a member of the Supporters Club and I certify that I am over the age of 18 years. I request that you accept my application and enter my details into the register of members. I agree to be bound by the Constitution, By-Laws and other rules of the Supporters Club in force from time to time.

Signature of Applicant _____ Date _____

Office Use Only

ID TYPE # NUMBER	AMOUNT PAID	
Membership Number	Processed By	
Staff Referral		