



GRIFFITH EX-SERVICEMEN'S CLUB LTD

Jondaryan Avenue, PO BOX 410, Griffith NSW 2680

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www.exies.com.au



MEMBERSHIP APPLICATION

Surname(Mr/Mrs/Miss/Ms).....

GivenName.....

Date of Birth..... BadgeNumber.....

MEMBERSHIP OPTIONS

1 year Membership \$5.00 ☐ 5 year Membership \$20.00 ☐ Aged Pensioner \$2.20 ☐ Aged Pensioner 5 year \$10.00 ☐

Ex-Serviceman \$2.20 ☐ Ex-Serviceman pensioner \$2.20 ☐ Perpetual Membership \$100.00 ☐

RESIDENTIAL ADDRESS

Address.....

Suburb.....

State Postcode.....

Phone(Home).....

Mobile..... SMS OK ☐

Email Address.....

Do you wish to receive e-mails with special offers, discounts & promotions Y ☐ N ☐

POSTAL ADDRESS

PO BOX

Suburb

State Postcode.....

Phone (Work)

PRIVACY STATEMENT

The Griffith Ex-Servicemen's Club LTD is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form / application and attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have the right to access and correct any of your personal information that the Club holds about you. The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure. Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other Club machine (not ATM's), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

I HEREBY CERTIFY THAT I AM OVER THE AGE OF 18 AND I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE GRIFFITH EX-SERVICEMEN'S CLUB LTD

Signature..... Date.....

FOR OFFICE USE ONLY

MEMBERSHIP NO. EMPLOYEE'S NAME

DATE AMOUNT PAID \$..... RECEIPT.....

ID ☐ DRIVERS LICENCE #..... PASSPORT #..... OTHER

PLEASE COMPLETE IF PAYING BY CREDIT CARD. NB: AMOUNTS OF \$5 OR MORE ACCEPTED

NAME OF CARD HOLDER

CARD NO. _ _ _ _ _ EXP _ _ / _ _ AMOUNT \$.....

VISA ☐ MASTERCARD ☐ BANK CARD ☐

Signature (not valid unless signed by cardholder)