

Membership Application



Payment, proof of age and identification must accompany this application

8 Tindale Street Penrith NSW 2750
P: 02 4728 5200 F: 02 4721 8764
info@penrithrsl.com.au
penrithrsl.com.au

Please print: use black/blue ink only

Mr Mrs Miss Ms

Surname _____ First Name _____

Residential Address _____

Postcode _____

Phone (Home) _____ (Business) _____

(Mobile) _____ E-Mail _____

Date of Birth _____ Occupation _____

I request you to enter my name in the Register of Members as an Associate Member, and I agree to be bound by the Constitution, Rules, By-Laws and Regulations of the Club now or from time to time in force.

Signature of Applicant _____ Date _____

Member's request pursuant to Section 316 of the Corporations Act 2001
If you do not wish to receive the Club's Annual Report, please complete the section below

I, _____ (print name) of _____

_____ (address)

hereby make a standing request to Penrith RSL Club to cease sending all material as required by Section 316 of the Corporations Act 2001. I understand that I can obtain a copy of that material during office hours at the Club on my request.

Signature _____ Date _____

Interests (please tick)

- Sporting events Pokie promotions Keno/TAB events Live entertainments Raffles Bar promotions
 Restaurant/bistro offers Wine Family/children's activities

Player Activity Statements

All players who use their membership card to accrue points are advised that a Player Activity Statement is available on request by the end of the next business day.

Club information

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.

Do you wish to receive marketing material/information about promotions & services via post, SMS or email? YES/NO

Signature _____ Date _____

Office Use Only

Identification _____ Witnessed by _____

Provisional Membership No. _____ Membership No. _____

(Till transaction Number) Please Attach Till Receipt

1 Year Membership 3 Year Membership 5 Year Membership **Membership expired 31 December each year**