112 BRISBANE TERRACE, GOODNA. QLD 4300

ABN. 21 835 313 813

Please PRINT ONLY using Blue or Black Pen only

TITLE :	***(Please Circle)***	**Mr**	**Mrs**	**Ms**	**Miss**
SURNAME :				
GIVEN NAME(S) :			**DATE OR BIRTH : / /**	
RESIDENTIAL ADDRESS :				
SUBURB :			**POSTCODE :**	
POSTAL ADDRESS : ***(If different)***				
HOME PHONE :		**MOBILE PHONE :**		
EMAIL ADDRESS :				

Please tick if you DO NOT wish to receive promotional material via email ☐

I hereby acknowledge that this Social Membership Application is pending upon approval from the Goodna RSL Services Club Board. If the application is refused I understand that I will be contacted in writing. I declare that the details I have provided are correct to the best of my knowledge. I agree to abide by the Constitution and By-laws of the Goodna RSL Services Club, and understand that failure to do so may result in my membership being revoked.

SIGNATURE : **DATE : / /**

Office Use ONLY

Four forms of identification are acceptable in licensed venues :

A current driver's licence or learner's permit with photo and date of birth	An Australian government-issued proof-of-age (18+ Card)
A current passport	A Victorian Keypass

• **ID TYPE :**	**ID REFERENCE :**
• ID EXPIRY DATE :	AMOUNT PAID :
• RECEIPT No :	PROCESSED BY : *(Print Staff Name)*
• MEMBERSHIP No :	ENTERED INTO WILDCAT : *(Print Staff Name)*

Nominated By : _____

Name *Signature* *Membership No.*

Seconded By : _____

Name *Signature* *Membership No.*

Secretary : _____ Date : / /

Note : As per December 2001 amendments to the Privacy Act (C'th), we advise that the above personal information as provided, will be used for the sole purpose of registration with the Goodna RSL Services Club Inc. The information contained here-in will not be passed on, disclosed or represented to any other party. The Club may use the above details to provide information to you in regards to functions and events being held at the Club.