MEMBERSHIP APPLICATION FORM



Mr/Mrs/Ms/Miss Full Name			
Address			
Suburb	Postcode	State	
Mobile Phone		Date of birth	
Email			
Occupation Language spoken at home			
TYPE OF MEMBERSHIP			
Associate RSL 1 Year \$5.50	3 Years \$8.80	5 Years \$11.00	
DECLARATIONS & CONSENT			
I am over the age of 18 years and I agree to be bound by the memora other regulations of the City of Fairfield RSL Memorial Club Limited. I responsible service of alcohol, dress regulations and portray respon of the consequences of entering a premises where smoking is permi	will adhere to the directionsible behavior and a sensi	ns of Club Management, including	
I consent to receiving marketing materials, advertising materials and including; but not limited to material relating to prize draws, promotion and the Member's Loyalty program.			
The City of Fairfield RSL Memorial Club Ltd is subject to the provision by you on this application and attached documents will be used to provide the requested information may result in your application being representation information that the Club holds about you.	rocess your membership a	pplication. Failure to provide all	
The security of money in player accounts is the responsibility of both and its agencies take no responsibility for any losses that might occur		ne account holder. The government	
An account holder is solely responsible for ensuring that the account confidential and that no other person has access to the account hold that might arise from, or in connection with, the account holder's fail	der's player card. The acco	ount holder is liable for any losses	
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 or other club machine (not ATM's), may be used by the Club for mark the latest information about those services, any new related service	ceting purposes to improve		
I agree to the above declaration and consent *			
Player activity statements are available on request.			
Betsafe provide a FREE 24hr, 7 day a week counselling and support s contacted on 1800 BETSAFE (1800 238 723) 24hrs a day. Fairfield RSL Manager for further information.			
THINK! ABOUT YOUR CHOICES. CALL GAMBLING HELP ON 1800 858	8 858. WWW.GAME	BLINGHELP.NSW.GOV.AU	
Applicants Signature	Date	9	
OFFICE USE ONLY			
Proof of age / identification: ■ Passport ■ RMS ID ■ Driver Licence	Pension Card Key Pa	ass ID Nº:	
RSL Proof of Service sighted Sighted by		Date paid	
o.g., o.g.,		Dato para	