Application for Membership

Please indicate your preferred membership by ticking one of the boxes below:

☐ **1year $5.00** ☐ **3 years $12.00** ☐ **5 years $20.00**

Please complete all details below

Title ☐Mr ☐Mrs ☐Miss ☐Ms Other……

SURNAME:…… FIRST NAME(S) :……

ADDRESS:…… ……

SUBURB…… STATE…… POSTCODE:……

DATE OF BIRTH

……/……/……

PHONE NUMBER(S)

…… …… ……

(home) *(work)* *(Mobile)*

…… …… ……

(Email)

INTERESTS/HOBBIES:…… ……OCCUPATION: ……

I hereby apply for Club Membership of Kemblawarra Portuguese Sports & Social Club Limited. I declare that I have attained the age of 18 years and, if admitted to membership, agree to abide by the Club's Constitution and By-Laws as adopted by Kemblawarra Portuguese Sports & Social Club Limited

Please Note

For Kemblawarra Portuguese Sports & Social Club Limited to consider your application for membership, it is a requirement of Section 30 of the Registered Clubs Act 1976 application.

SIGNATURE OF APPLICANT……

…… ……

(Signature of Proposer) ***(Signature of Seconder)***

Membership No…… ***Membership No……***

Proposer and Seconder must have positive knowledge that the applicant has attained the age of 18 years

Mail Distribution Method

Annual Report	☐ by Post	☐ via Email	☐ Do Not Send
Renewal Notice	☐ by Post	☐ via Email	☐ Do Not Send
Newsletters/Promotions	☐ by Post	☐ via Email	☐ Do Not Send

Privacy Policy

Kemblawarra Portuguese Sports & Social Club Limited is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this membership application form will be used to process your membership application. You have the right to access and correct any of the personal information that Kemblawarra Portuguese Sports & Social Club Limited holds on you. We will deal with your personal information, including information obtained as a result of placing or swiping your membership card in any electronic card reading device (not ATM's), in accordance with our privacy policy, which is available on request. In particular, we may use your personal information to advise you of Club services, benefits or offers.

Please let us know if you would prefer not to be contacted with such information by ticking this box ☐

PROOF OF IDENTIFICATION MUST BE SHOWN IN PERSON WHEN MAKING AN APPLICATION FOR MEMBERSHIP

Office Use Only	**Date Paid:**	**Receipt #:**
ID Type:	**Amount Paid:**	**Membership #**
	Data entered: YES/NO	
Date Approved:		Card Printed : YES/NO
Letters sent: YES/NO		Card to be mailed: YES/NO