# Membership Application

Campbelltown Catholic Club

Campbelltown Catholic Club

**Membership Type** ☐ 1 Year ($8) ☐ 3 Years ($20) ☐ 5 Years ($30) ☐ 10 Years ($50)

Title ☐☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Home Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Suburb ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Postcode ☐☐☐☐

Mailing Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Suburb if different from above ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Postcode ☐☐☐☐

Phone (Mobile) ☐☐☐☐☐☐☐☐☐☐ Gender (M / F / Other) ☐☐☐☐☐☐☐☐☐☐

(Home) ☐☐☐☐☐☐☐☐☐☐

Email Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐/☐☐/☐☐☐☐
dd/mm/yyyy

Occupation ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Are you Catholic? ☐ Yes ☐ No Staff # if a Club Employee ☐☐☐☐

Do you wish to receive general promotional material from the Club? ☐ Yes ☐ No

Do you wish to receive gaming related promotional material from the Club? ☐ Yes ☐ No

Do you wish to receive a copy of the Club's Financial Reports? ☐ Post ☐ Email ☐ No

**Privacy Statement**

You can view our full privacy policy online or ask Reception for a printed copy.

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**Declaration**

I, the undersigned, am over the age of 18 years, and I agree, if accepted as a Member to abide by the Rules, Regulations and By-Laws of the Club.

Signature _____ Date ☐☐/☐☐/☐☐☐☐
dd/mm/yyyy

Membership Proposed by ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Member Number ☐☐☐☐☐☐ Signature _____

**Staff Use Only**

ID Type ☐ Drivers Licence ☐ Passport ☐ NSW Photo Card ☐ Other _____

New Member # ☐☐☐☐☐☐ Your Staff # ☐☐☐☐ Date ☐☐/☐☐/☐☐☐☐