

All Correspondence to be addressed to the Secretary
Carina Leagues Club Limited
ABN: 83 010 342 542
1390 Creek Road, PO Box 21, Carina Qld 4152
Phone: 3843 9200 Fax: 3843 9222
Email: admin@carinaleaguesclub.com.au



SOCIAL MEMBERSHIP RENEWAL APPLICATION FORM

I hereby apply for membership of your Club. I am over the age of eighteen (18) years and if accepted as a member, agree to abide by the Articles of Association and the Rules and By Laws of the Club that may be in force from time to time.

Mr Mrs Ms Miss To 30th September 2015 (\$2.00)

First Name: _____ Surname: _____

If your address has changed in the last twelve months, please enter your old address (in full):

Postcode: _____

Your new address: _____

Postcode: _____ PO Box (if applicable): _____

Contact Phone No's: *Please include at least (1) contact phone number.*

Home: _____ Mobile: _____

Date of Birth (dd/mm/yy): _____

Yes! Please email information on how I can win prizes, enter giveaways, and details on events and entertainment at the Club.

Email Address: _____

(Please note: your email address will not be distributed to any third parties)

*The Carina Leagues Club Limited is committed to the privacy of your personal information supplied on this form under the Queensland Club Industry Privacy Code. The Club will use the information to process your membership application and to provide its facilities and services to you. The Club may deny your membership if you do not supply the required information. The Club may use your personal information for Club marketing purposes, which may include sending to you promotional materials and offers from the Club and reputable third parties associated with the Club. **Please tick here () if you do not wish to receive any promotional materials or offers.** You may access, update and amend your personal information at any time upon a written request. The Club has designated staff members whom you may contact if you have any questions regarding this Privacy Code. **Only one membership per member is permitted.***

Please note: lost or replacement cards will be issued at a nominal \$2.50 charge. Members acknowledge that all points earned will expire 18 months from date earned.

Signature of Applicant: _____

Signature of Proposer: _____ M'ship No: _____

Signature of Seconder: _____ M'ship No: _____

OFFICE USE ONLY Date: _____ Witness: _____ Membership No: _____

Proof of ID: _____ Processed: _____ Paid: _____