



# Pacific Palms Recreation Club

## Membership Application Form

PERSONAL DETAILS		
First Name:	Surname:	Date of Birth:
Address:		
Suburb:	Postcode:	Phone:
Email:		

MEMBERSHIP TYPE		
<input type="checkbox"/> One Year \$10	<input type="checkbox"/> Five Years \$45	<input type="checkbox"/> Member for Life \$150
<input type="checkbox"/> Seniors One Year (over 60) \$8.80	<input type="checkbox"/> Seniors Five Years (over 60) \$39	<input type="checkbox"/> Member for Life Over 55 \$100
<i>Membership year refers to financial year <b>not</b> calendar year</i>		
WOULD YOU LIKE US TO	<input type="checkbox"/> POST YOUR CARD OUT	<input type="checkbox"/> COLLECT CARD AT THE CLUB

HOW WE CONTACT YOU
<input type="checkbox"/> Tick here if you do <b>NOT</b> wish to receive <b>Renewal Notices &amp; Annual General Meeting Notices</b> by email
<input type="checkbox"/> Tick here if you do <b>NOT</b> wish to receive marketing information by email
<input type="checkbox"/> Tick here if do <b>NOT</b> wish to receive marketing information by SMS

ANNUAL REPORT & PRIVACY STATEMENT
<i>Each year the club publishes an Annual Report which consists of a <b>Directors Report</b> (approx. 12 pages) and a <b>Full Financial Report</b> which includes the Directors Report &amp; Auditors Report plus full financials (approx. 45 pages).</i>
<i>These reports are available on our website at <a href="http://www.pprc.com.au">www.pprc.com.au</a>.</i>
<i>Should you wish to have a copy posted to you, please call or visit the office and let them know.</i>
<b>PRIVACY STATEMENT:</b> <i>Any information provided on this form will be used in accordance with Pacific Palms Recreation Club Ltd's Privacy Policy. This policy is available on our website or on request from the Club Office.</i>

I hereby apply for election as a member of the Pacific Palms Recreation Club Ltd.

I declare that I am over the age of 18 years and, if elected, agree to be bound by the Constitution of the Club.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **PROOF OF NAME, ADDRESS & DATE OF BIRTH MUST BE PRESENTED WITH APPLICATION FORM**

***** OFFICE USE ONLY *****			
Proof of Identification Type:		Sighted By:	
Date Received:	Receipt No:	Amount Paid:	
Date Entered in Database:	Posted or Collected:	MEMBER NUMBER:	