



Leeton Soldiers Club
Cnr Yanco & Acacia Avenue, PO Box 727, Leeton NSW 2705
02 6953 3444 | www.leetonsoldiers.com.au

MEMBERSHIP APPLICATION

Surname (Mr/Mrs/Miss/Ms).....

Given Name

Residential Address

Postal Address

Date of Birth Occupation.....

Phone (Home).....(Business).....(Mobile).....

Email Address

Applicants must supply a photo ID (ie: Drivers Licence, Passport or photo card)

MEMBERSHIP OPTIONS

1 year Membership \$5.00 5 year Membership \$20.00

**Please note Membership renewals are accepted from 1st June of each year
and accepted no later than 31st July of each year.**

The Club's Financial Report is available on the Club's website www.leetonsoldiers.com.au

Do you wish to receive the Club's Annual Financial Report by post? YES NO

Do you wish to receive information about our promotions and services? YES NO

I hereby certify that I am over the age of 18 and I agree to abide by the Rules and Regulations of The Leeton Soldiers Club.

Signature Date.....

PRIVACY STATEMENT

The Leeton Soldiers Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form / application and attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have the right to access and correct any of your personal information that the club holds about you. 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 as a result of you placing your membership card in a gaming or other club machine (not ATM's), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Signature Date

FOR OFFICE USE ONLY

Membership No.

Employee's name Date

Amount Paid Receipt

Applicants ID checked Driver's Licence #..... Passport #Other.....

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Please complete if paying by credit card payment

Name of Card Holder

Card # _____ Exp Date

Visa Mastercard Bankcard Amount \$.....

Signature (not valid unless signed by cardholder)