

MEMBERSHIP APPLICATION

At the heart of our community since 1977

HAVE YOU PREVIOUSLY HELD A MEMBER (If you have been a member previously, please ask our staff if your		YES NO
Name: (surname)		. Title: Mr / Mrs / Ms / Miss
(given names)		
Date of Birth:		Male / Female
Address:		
Town/Suburb:	State:	Post Code:
Email:		
Home Phone:	Mobile Phone:	
OUR PRIVACY POLICY The Bribie Island RSL is committed to the privacy of your personal information supplied o application and to provide its facilities and services to you. The Club may use your personal information and to provide its facilities and services to you. The Club may use your personal privacy of the Club and amend you acceptance of you as a member. Please contact our Privacy Officer if you have any question.	onal information for marketing purposes, which may include sending ur personal information at any time upon a written request. Your perso	g you promotional material and offers from the Club and
Please tick 🗖 if you	u do not wish to receive any promotional material or offers.	
I hereby apply for membership to Bribie Island RSL & Citizens Memorial Club Inc. I decla Citizens Memorial Club Inc.	are that I am over the age of 18 years, and if accepted, agree to abide	by the Constitution and By-Laws of Bribie Island RSL &
$I acknowledge \ that \ being \ accepted \ as \ a \ Member \ will \ automatically \ activate \ my \ participation \ accepted \ acce$	on in the Bribie RSL Member Rewards program and I agree to abide b	by the Terms and Conditions of that Program.
I acknowledge that I cannot be elected as a member of the Club, purchase take away a I understand the receipt issued for my nomination is only valid one calendar month, as per		
SIGNATURE OF CANDIDATE:		Date:
Proposer: Membership #	Seconder:	Membership #
	Office Use Only	
Membership # Receipt #	Receipt Date:	Receipt Amount:
Receipt Type: Financial to:	Classification:	Join Date:



99 Toorbul Street Bongaree/PO Box 297 Bribie Island Q 4507

