

MEMBERSHIP APPLICATION FORM



The Shellharbour Club

PLEASE COMPLETE ALL REQUIRED FIELDS

MEMBER DETAILS

Mr / Mrs / Ms / Miss

Given Name: _____ Surname: _____

Male/Female (please circle) Date of Birth: ____/____/____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

CONTACT DETAILS

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

PREFERENCES

I would like to receive email notifications of special offers and events.

I would like to receive SMS notifications of special offers and events.

I would like to opt in to receive information on gaming promotions. THINK! About your choices. Call Gambling Help 1800 858 858 or www.gamblinghelp.nsw.gov.au

(If you have ticked the above boxes, please ensure all relevant contact details have been provided.)

I seek to apply for membership of Shellharbour Workers Club Ltd trading as The Shellharbour Club. If accepted as a member, I agree to comply with the Club's Constitution and By-Laws.

SIGNATURE: _____ **DATE:** _____

Any information provided on this form will be used in accordance with Shellharbour Workers' Club Privacy Policy. This policy can be viewed at shellys.com.au

OFFICE USE ONLY

(Applicants under 25 years of age must produce photo identification)

Membership No Issued

Membership Type 1 YEAR 3 YEARS

Drivers Licence No.

RTA Photo Card

Passport

PROCESSED BY:
DATE:

Visit us

Cnr Wattle & Shellharbour Rds
Shellharbour, 2529

Call us

4296 7155

shellys.com.au

