

# SERVICES

ARMIDALE EX-SERVICES MEMORIAL CLUB

137 Dumaresq Street, PO Box 559, ARMIDALE NSW 2350

Phone: 02 6776 0800 Fax: 02 6772 5880

www.armidaleservices.com.au

## APPLICATION FOR MEMBERSHIP

(Please complete all appropriate areas of application.)

2011/2012

Please Print

Mr/Mrs/Ms etc \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Residential Address: \_\_\_\_\_

(No UNE Colleges)

Postal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(Must be provided)

SerVies: Sporting / Social Group / UNE College / Hobbit \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY SERVICE PERSONNEL ONLY

BRANCH OF SERVICE \_\_\_\_\_ UNIT \_\_\_\_\_  
PROOF OF SERVICE SIGHTED BY \_\_\_\_\_ DATE \_\_\_\_\_

### Privacy Act 1988

The Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application will be used to process your membership application and for marketing and promotional purposes of the Club.

- 1) Do you wish to receive the **Annual Report**? YES  NO
- 2) Do you wish to receive marketing and information about our **promotions and services**? YES  NO

I, \_\_\_\_\_ desire to become a member of the Armidale Ex-Services Memorial Club Ltd and request you to enter my name on the register of members accordingly. I agree to be bound by your Memorandum and Articles of Association and Rules or By-Laws made thereunder.

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

**Photo ID must be produced when application is handed in.**

Form of ID: \_\_\_\_\_

ID Number: \_\_\_\_\_

Checked by: \_\_\_\_\_

Authorising Officer \_\_\_\_\_

### OFFICE USE ONLY

General Manager \_\_\_\_\_ Date \_\_\_\_\_

Admission Date

Classification **G** or **S**

Member No.

