

APPLICATION FOR
SOCIAL MEMBERSHIP

*I hereby apply for membership of Club Helensvale .
I declare that I am over 18 years of age and, if accepted, agree to abide by
the Articles of Association, Rules and By-Laws of the Club.*

Mr Miss Mrs Ms (please circle)

First Names _____

Surname _____

Address _____

_____ Postcode _____

Postal Address _____

_____ Postcode _____

Date of Birth Day _____ Month _____ Year _____

(Essential for our Player Reward System and Birthday Card eligibility)

Telephone (H) _____ (W) _____

Mobile _____

Email _____

Occupation _____

Signature of Applicant _____

Date of Application _____ / _____ / _____

*This information will be treated strictly confidential in accordance
with the Queensland Club Industry Privacy Code*

OFFICE USE ONLY

ID TYPE _____

RECEIPT NO. _____

REC'D BY _____

1 year
\$5.00

5 year
\$20.00

