

THE CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Mr / Ms / Miss / Mrs / Other:		Full Name:	
Date of birth:	Mobile:	Phone:	
Current address:			
City:		State:	Post Code:
Own	Rent	(Please circle)	Nationality?
Email Address:			SMS:
How long?			

EMPLOYMENT INFORMATION

Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Current/Previous Occupation:	

YOUR SPOUSE INFORMATION IF ASSOCIATE MEMBERSHIP PRIVILEGES DESIRED

Name:		
Date of birth:	Nationality:	Phone:

YOUR CHILDREN'S DETAILS IF ASSOCIATE MEMBERSHIP PRIVILEGES DESIRED (MAX 4)

Name	Age	Name	Age
Name	Age	Name	Age

INTERESTS – PLEASE ORDER YOUR PREFERENCES

Bands / Live Music - <input type="checkbox"/> Country <input type="checkbox"/> Jazz <input type="checkbox"/> Easy Listening <input type="checkbox"/> 70's & 80's <input type="checkbox"/> Other:			
<input type="checkbox"/> All Sports	<input type="checkbox"/> Dining	<input type="checkbox"/> Wine Tasting	<input type="checkbox"/> Cooking Classes
<input type="checkbox"/> Raffles	<input type="checkbox"/> Golf Days	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Gaming Machines
<input type="checkbox"/> TAB / U-Bet	<input type="checkbox"/> Dancing	<input type="checkbox"/> AFL	<input type="checkbox"/> Trivia
<input type="checkbox"/> NRL	<input type="checkbox"/> Poker	<input type="checkbox"/> Keno	<input type="checkbox"/> Playing Pool
<input type="checkbox"/> Rugby Union	<input type="checkbox"/> Face Painting	<input type="checkbox"/> Video Nights	<input type="checkbox"/> BBQ / Smorgasbord
How often do you dine out?	<input type="checkbox"/> Weekly <input type="checkbox"/> 1-2 Days a week <input type="checkbox"/> Monthly <input type="checkbox"/> Special Occasion <input type="checkbox"/> Birthday <input type="checkbox"/> Christmas		
How often do you visit us?	<input type="checkbox"/> Weekly <input type="checkbox"/> 1-2 Days a week <input type="checkbox"/> Monthly <input type="checkbox"/> Special Occasion <input type="checkbox"/> Birthday <input type="checkbox"/> Christmas		

SIGNATURES

I declare that the information I have supplied is true and correct in every way. I understand that I am required to adhere to the Club's rules and other regulations that may be handed down from time to time. I understand that my failure to obey and abide by these rules and any other relevant legal obligations may void my membership. By completing this application, I acknowledge Kevin James Holdings Pty Ltd t/a The Club Clifton and Club Hotel Clifton (CHC) collects personal information contained within this application and that if this form is not completed fully it may result in this application not being able to be processed. The CHC collects my personal information to inform me of its products and services and will take reasonable steps to protect my personal information that is held by the CHC. I understand that the CHC at times may disclose personal information about me to their service providers including Australia Post and mail houses in a manner that conforms with the *Privacy Act*. I understand I may contact CHC to access or correct my personal information, to stop the CHC sending me information, seek clarification on this privacy statement or make a complaint. I authorize the verification of the information provided on this form. I have been offered a copy of this application.

Signature of applicant:		Date:
Signature of spouse (only if for an associate membership):		Date:
Proposed by:	Signature:	Member #
Seconded by:	Signature:	Member #

OFFICE USE ONLY

ID PROVIDED: <input type="checkbox"/> Drivers License <input type="checkbox"/> Proof of Age	Number#
<input type="checkbox"/> Passport	Country of Issue: _____ Number: _____
<input type="checkbox"/> Other Approved ID:	Type: _____ Number: _____

By signing below I, an Approved Mgr, declare that I have ensured this application has been completed accurately and have sighted the appropriate photo identification AND taken their photograph. The receipt, photograph and application will be sent to admin@theclubclifton.com.au for finalising.

Approved Manager's Name:	Signature:
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MEMBER NUMBER ISSUED:	DATE ISSUED:	BY:
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