



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS. ALL SECTIONS MUST BE COMPLETED IN ORDER TO VALIDATE MEMBERSHIP.

MR MRS MISS MS OTHER (CIRCLE)

GIVEN NAME/S _____ SURNAME _____

DATE OF BIRTH ____/____/____

MEMBERSHIP NUMBER _____

PLEASE CONFIRM YOUR DETAILS BELOW

STREET ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

MOBILE (04) _____ EMAIL _____

OCCUPATION _____

I DO NOT WISH TO RECEIVE INFORMATION FROM CENTRAL ABOUT ITS OFFERS & PROMOTIONS

I WOULD LIKE TO APPLY FOR A:

1 YEAR MEMBERSHIP (\$9)

3 YEAR MEMBERSHIP (\$14)

5 YEAR MEMBERSHIP (\$17)

7 YEAR MEMBERSHIP (\$19)

I WOULD LIKE TO OPT OUT OF MY MEMBERSHIP REWARDS

I HEREBY CERTIFY THAT I AM OVER THE AGE OF 18 YEARS AND UNDERSTAND THAT IN SIGNING THIS MEMBERSHIP FORM I AM BOUND BY THE CLUBS CONSTITUTION AND BY LAWS AND ALL RELATED GOVERNMENT ACTS.

APPLICANT'S SIGNATURE _____ DATED ____/____/____

(FOR OFFICE USE ONLY)

MEMBERSHIP NO: _____

EXPIRY DATE: _____

RECORDED IN EBET: _____

PROCESSED BY: _____

RECEIPT ATTACHED: _____