

All correspondence to be addressed to the Secretary
CLEM JONES CENTRE SPORTS CLUB INC.

ABN 53 013 745 282
401 Stanley Road, Carina. 4152
Phone 07 3398 3877 Fax 07 3398 7653
Application for full membership

The Secretary, Clem Jones Centre Sports Club Inc. Date _____

I hereby apply for membership of your Club. I am over the age of eighteen (18) years and if accepted as a member I agree to abide by the Constitution and Rules of the Club that may be in force from time to time.

I enclose \$5.50 (Includes GST) being the prescribed full membership fee.

Date and year of birth _____ (optional)

Name in full MR/MRS/MISS _____

Address in full _____

_____ Postcode _____

Occupation _____ Date of Birth _____

Contact Phone no: Home _____ Work _____

Email _____ Mobile _____

The Clem Jones Centre Sports Club Inc. and its affiliated Club the Carina Bowls Club Inc. are committed to the privacy of your personal information supplied on the form under the Queensland Club Industry Privacy Code. The Club will use the information to process your membership application and to provide their facilities and services to you. The Club may deny your membership if you do not supply the required information. The Club may use your information for Club marketing purposes which may include sending you promotional material and offers from the Clubs and reputable third parties associated with the Clubs. Please tick here () if you do not wish to receive any promotion materials or offers. You may access, update and amend your personal information at any time on written request. The Clubs have designated staff members whom you may contact if you have any questions regarding the Privacy Code.

Signature of Applicant _____

Signature of Proposer _____ M'ship No. _____

Signature of Seconder _____ M'ship No. _____

OFFICE USE ONLY

Membership No: _____ Receipt No: _____ Sex M/F

Issued By: _____ Date: _____ Encoded: _____

Promotional Material Required Yes/No
