

Please tick your preference:

Member No:

\$5 Expires - 30/06/2025
\$20 Expires - 30/06/2029



56 Merool Rd, (PO Box 41), Moama NSW 2731 ph. (03) 5482 6677
 reception@moamarsl.com.au www.moamarsl.com.au

Adult Membership Nomination Form

The applicant is required to complete the details below and provide proof of identity. Please ensure that this form is signed by the applicant.

Title: _____ Surname: _____ Given Names: _____

Residential Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

DOB: _____ (00/00/0000)

Email Address: _____

Mobile: _____ Landline: _____ Occupation: _____

**In accordance with the Registered Clubs Act NSW, this information must be provided and must be accurate.*

Please tick this box if you **do not** wish to receive marketing and gaming promotional information.
 (In accordance with applicable legislation)

In keeping with the Club's Environmental Sustainability Policy, the Club will be providing our Annual Report via the Club's website. Please ensure you have listed above your correct email address so we can send you a notification email when the Club's Annual Report is available.

I wish to become a member of Moama RSL and if accepted, agree to be bound by the constitution and rules or by-laws made there under. The use of my personal information will be dealt with as governed in the Privacy Act and Club's Privacy Policy, which is available upon request by contacting the Club's Privacy Officer. I hereby certify that the above particulars are correct.

Signature of applicant: _____

Date: _____ (00/00/0000)

Player Activity Statements are available upon request, for further information contact club reception.

Office Use Only		
Proof of Age = Driver's Licence ID#	Passport#	
Proof of Age ID Card#	Staff Initials#	\$5 Expires 2025
		\$20 Expires 2029

ONLY complete this section for Credit Card payments by email or mail.

Credit Card payment details:

I give consent to debit my Credit Card: **\$5 Expires - 30/06/2025** OR **\$20 Expires - 30/06/2029**

Mastercard: _____ Visa: _____ Amex: _____

Exp: _____ CCV: _____

Cardholders Name: _____ Signature: _____

**Please note: If you're making payment via email or mail, your Membership Card will be held at reception until your next visit to the Club when you can provide adequate proof of ID before receiving your card.*