

# MEMBERSHIP APPLICATION FORM



The Shellharbour Club

## PLEASE COMPLETE ALL REQUIRED FIELDS

### MEMBER DETAILS

Mr / Mrs / Ms / Miss

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Male/Female (please circle) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### CONTACT DETAILS

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PREFERENCES

I would like to receive email notifications of special offers and events.

I would like to receive SMS notifications of special offers and events.

I would like to opt in to receive information on gaming promotions. THINK! About your choices. Call Gambling Help 1800 858 858 or [www.gamblinghelp.nsw.gov.au](http://www.gamblinghelp.nsw.gov.au)

(If you have ticked the above boxes, please ensure all relevant contact details have been provided.)

**I seek to apply for membership of Shellharbour Workers Club Ltd trading as The Shellharbour Club. If accepted as a member, I agree to comply with the Club's Constitution and By-Laws.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Any information provided on this form will be used in accordance with Shellharbour Workers' Club Privacy Policy. This policy can be viewed at [shellys.com.au](http://shellys.com.au)

## OFFICE USE ONLY

(Applicants under 25 years of age must produce photo identification)

Membership No Issued

Membership Type 1 YEAR  3 YEARS

Drivers Licence  No.

RTA Photo Card

Passport

PROCESSED BY:  
DATE:

### Visit us

Cnr Wattle & Shellharbour Rds  
Shellharbour, 2529

### Call us

4296 7155

[shellys.com.au](http://shellys.com.au)

