

**IDENTIFICATION MUST BE PRODUCED AT THE TIME OF MAKING THIS APPLICATION**

(See over for acceptable forms of Identification)

Receipt No

Office Use Only



Membership No

Office Use Only

**Application for 1 Year Membership**

**01/01/2026 to 31/12/2026**

**\$8.80** includes GST

Date  
Submitted: .....

Paid \$

**All Membership Points must be redeemed by 30 June every year or they will be forfeited**

Please tick box if you do not wish to receive ☐ SMS or ☐ email messages

Mr. Mrs. Miss. Ms. Dr. (Please Circle One)

I ..... (Given Name) ..... (Surname)

Address .....

..... (Full Postal Address)

Telephone (.....) (Home) (.....) (Work)

(.....) (Mobile) ..... (email)

My Occupation is ..... and I hereby apply for membership to the Wauchope RSL Club Limited.

I am ..... (Age), ..... (Date of Birth)

I request you to enter my name in the register of members as an Associate Member of the Club and I agree to be bound by your Constitution, Rules and By-Laws or Regulations of the Club.

Dated this ..... Day of ..... Year .....

State if present or past member if any other club .....

Signature of Applicant.....

**Membership fee must be lodged with this application**

A photo is required to be taken before new membership card can be allocated.

Bottle Shop hours Mon – Sun 11.30am – 9.00pm

Financial Reports will be available from the Office or for viewing on the Club Web Site

[www.wauchopersl.com.au](http://www.wauchopersl.com.au)

\*Think! About your choices Call Gambling Help 1800 858 858  
[www.responsiblegambling.qld.gov.au](http://www.responsiblegambling.qld.gov.au)

[www.gamblinghelp.nsw.gov.au](http://www.gamblinghelp.nsw.gov.au)  
[www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)

## Acceptable Forms of Identification

### **Either: Photo ID**

- 1. Current Drivers Licence**
- 2. Current Passport**

### **Both:**

- 1. An original or certified copy of a Birth Certificate**
- 2. An original or certified copy of A.T.O Assessment Notice (less than 12 months old)**

## Identification Sighted

**Passport:** No.....

Expiry Date.....

**Drivers Licence:** No.....

Expiry Date.....

**Birth Certificate:** No.....

**A.T.O Assessment:** Date.....

**Rates, Electricity** No.....

**Or Telephone A/C**

Date.....