

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 5 Year Membership

01/01/2026 to 31/12/2030

\$22.00 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 of 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

Think! About your choices Call Gambling Help 1800 858 858
www.responsiblegambling.qld.gov.au

www.gamblinghelp.nsw.gov.au
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.....