



APPLICATION FOR MEMBERSHIP

Toowoomba Sports Club, 360 Ruthven Street Toowoomba Queensland 4350

Have you previously held a membership with this Club? **YES NO**

Mr / Mrs / Ms / Miss* 1st Name* _____ Last Name * _____

Address (Full residential)* _____

City* _____ Post Code* _____

Postal Address _____

Home number _____ Mobile Number _____ Date of Birth* _____

Work Number _____ Email _____ / / _____

Occupation _____ * **Denotes compulsory entry required**

INTERESTS – PLEASE TICK

- Bands Wine tasting Raffles Golf
- Dining Bingo Boxing Hockey
- Karaoke Poker machines AFL Rugby union
- Line dancing Keno Basketball Rugby league
- Trivia

DECLARATION

I declare that the information I have supplied is true and correct in every way. I understand that I am required to adhere to the Club's constitution and other rules that may be handed down from time to time. I understand that my failure to obey and abide by these rules and any other relevant legal obligations may void my membership.

Privacy Statement – By completing this application, I acknowledge the following; 1/ The Toowoomba Sports Club (TSC) collects personal information contained within this application and that if this form is not completed fully it may result in this application not being able to be processed. 2/ The TSC collects my personal information when I complete this application form. 3/ The TSC collects my personal information to inform me of its products and services 4/ The TSC will take reasonable steps to protect my personal information that is held by the TSC. 5/ I understand that the TSC at times may disclose personal information about me to their service providers including Australia Post and mail houses in a manner that conforms with the Privacy Act. 6/ I understand I may contact the TSC to access or correct my personal information, to stop the TSC sending me information, seek clarification on this privacy statement or make a complaint.

I do not wish to receive any correspondence from the Club

APPLICANTS SIGNATURE _____ **DATE** ____ / ____ / _____

PROPOSED BY _____ SIGNATURE _____ MEMB # _____

SECONDED BY _____ SIGNATURE _____ MEMB # _____

OFFICE USE ONLY

- ID PROVIDED Drivers License, Number _____
 Proof of Age Card, Number _____
 Passport, Country of issue _____, Number _____
 Other approved I.D. Type _____, Number _____

Membership number issued _____ Date Paid ____ / ____ / _____

- Photo has been taken
- Card has been issued – Card magnetic strip number _____
- All details have been correctly input
- I have confirmed that the applicant does not have an expired membership on Wildcat

By signing below I declare that I have completed this membership accurately and have sighted the appropriate identification.

Print name _____ Signature _____