



SOCIAL MEMBERSHIP APPLICATION

I hereby apply for social membership of Club Helensvale & Club Robina. I declare that I am over 18 years of age and, if accepted, agree to abide by the Articles of Association, Rules and By-Laws of both Clubs.

Mr / Mrs / Miss / Ms (Please circle)

First Name/s _____

Surname _____

Address _____

State _____ P/Code _____

AS ABOVE (Please tick)

Postal Address _____

_____ P/Code _____

Date of Birth Day _____ Month _____ Year _____

(Essential for our Player Reward System & Birthday Offers eligibility)

Telephone (H) _____

Mobile _____

Email _____

Signature of Applicant _____

Date of Application _____

This information will be treated strictly confidential in accordance with the Queensland Club Industry Privacy Code.

\$5 Exp June 2024

\$20 Exp June 2028

I DO NOT wish to receive any promotional material.

OFFICE USE ONLY STAFF MEMBER _____

ID TYPE _____ RECEIPT NO. _____ REC'D BY _____

MEMBERSHIP NUMBER _____