

# 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 2026**

☐ **\$20 Exp June 2030**

☐ I DO NOT wish to receive any promotional material.

OFFICE USE ONLY STAFF MEMBER \_\_\_\_\_

ID TYPE \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ REC'D BY \_\_\_\_\_

**MEMBERSHIP NUMBER** \_\_\_\_\_