

## MEMBERSHIP RENEWAL FORM

Member Number \_\_\_\_\_

1 Year Membership - \$11       3 Year Membership - \$25

Mr / Mrs / Ms / Miss \_\_\_\_\_  
Surname (BLOCK LETTERS) Given Names

Residential Address \_\_\_\_\_  
Suburb State Postcode

Mailing Address \_\_\_\_\_  
(if other than above) Suburb State Postcode

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (Private) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_ Email \_\_\_\_\_

**Mail Distribution** – I wish to receive my club information and poker machine promotions via

Email       Post  
 Do NOT send       Website

### OFFICE USE ONLY

Receipt No. \_\_\_\_\_

Sub/Branch YES / NO Paid \_\_\_\_\_

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