

Beaudesert RSL SERVICES CLUB INC



MEMBERSHIP APPLICATION		Membership No.
First Name:		Mr. / Mrs. / Ms. / Miss
Surname:		Date of Birth: ____/____/____
Residential Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Phone Number:	Mobile Number:	
Email:		
Do you give permission for us to send you mail? (including Paper & Electronic Communications)		Yes <input type="checkbox"/> No <input type="checkbox"/>

GETTING TO KNOW YOU (please circle all that apply)

Entertainment Preferences?	Solo/Duo	Comedy	Bands	Jazz & Blues	Country
	40s 50s 60s	70s 80s 90s	Modern/Top 40	Dinner & Shows	
Information Preferences?	Newspaper	Radio	Facebook	Website	Email
Beverage Preferences?	Coffee / Tea / Soft Drink	<u>Red / White</u> Wines	<u>Heavy / Mid / Light</u> Beers	Spirits	RTD's

MEMBERSHIP DETAILS

Social <input type="checkbox"/>	Associate <input type="checkbox"/> (must be accompanied with proof of relative's service .)
1 Year - \$5.50 <input type="checkbox"/>	5 Years - \$20.00 <input type="checkbox"/>
Sub Branch 1 Year - \$20.00 <input type="checkbox"/> (must be accompanied with proof of service & RSL (QLD Branch) application form.)	Sub Branch Life Subscriber <input type="checkbox"/> (Price dependant on age, must be accompanied with proof of service & RSL (QLD Branch) application form.)
I declare that I am eighteen years of age or over and I agree to abide by the rules and regulations of the Beaudesert RSL Services Club Inc. at all times.*	
Signature of Applicant: _____	Date: ____/____/____

Proposer:	M/ship#:	Signature:
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OFFICE USE ONLY	Date Issued: ____/____/____	Staff Initials: _____	Card Issued : <input type="checkbox"/>
Receipt Number: _____	I.D. Check: <input type="checkbox"/> # _____		
Deal Taken: _____	Membership Type: _____	Total Cost: \$ _____	
Approved by Committee Member:			
Name: _____	Signature: _____	Date: ____/____/____	

***Membership expiry as stated on front of membership card.**

All Membership Reward Points will expire 12 months from the date they were earned.