

SHERWOOD SERVICES CLUB INC. Social Membership Application

Applicant Information ----- Please write clearly in BLOCK LETTERS

| | | | |
|--|-------------------------------|----------|--|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | Names: | *Date of Birth |
| <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | Surname: | _ / _ / _ |
| | | | *Optional for birthday rewards |
| Current Residential Address: | | Suburb: | State: Post Code: |
| Postal Address: | | Suburb: | State: Post Code: |
| Telephone – home: | Mobile: | Email: | |
| Have you ever been suspended or barred from this Club or any other Club? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Eligibility for Social Membership

Any person who has attained the age of 18 years and is ineligible to become a service or associate member is eligible to become a social member.

Statement by Applicant

I hereby make application to be enrolled as a Social Member and request to have my name entered in the Register of Members of the Sherwood Services Club Inc. I declare that the particulars quoted above are true. I declare that I am more than eighteen (18) years of age and of sound mind. I agree to abide by the Constitution and By-Laws of Sherwood Services Club Inc.

Signature of Applicant:

Date: _____ / _____ / _____

IDENTIFICATION DOCUMENTATION

| | |
|--|---|
| <input type="checkbox"/> Drivers Licence No. and State | <input type="checkbox"/> Passport No. and Country |
| <input type="checkbox"/> Proof of Age | <input type="checkbox"/> Other _____ |

Sherwood Services Club Inc. has public liability insurance for the amount of up to \$20,000,000 per occurrence in relation to its premises located at the corner of Browne and Clewley Streets, Corinda, Queensland.

**\$2.00 for 1 year Membership or \$5.00 for 3 years Membership
FEE MUST BE PAID WHEN SUBMITTING THIS APPLICATION**

Please the box if you **DO NOT** wish to be placed on the Club's mailing list to receive further offers for services of promotions offered by the Club.

RECEPTION USE ONLY

| | | |
|--|--------------|--|
| Subscription paid until: __ 31 __ / __ 12 __ / ____ | Amount Paid: | Membership Number: |
| Date received: ____ / ____ / ____ | Received by: | Receipt number: |
| Date entered into system: ____ / ____ / ____ | Entered by: | ID Sighted: YES / NO Staff Initial: |