



Application for Membership
MANLY-WARRINGAH RUGBY LEAGUE CLUB LIMITED

Copy of driver's license or proof of name, address & D.O.B must be submitted with application.

10 YEARS at \$30 5 YEARS at \$20 3 YEARS at \$15 1 YEAR at \$10

NAME (in full) Mr / Mrs / Ms / Miss _____
DATE OF BIRTH _____ OCCUPATION _____
ADDRESS (in full) PRIVATE _____

POSTCODE: _____
EMAIL _____
PHONE _____

Note: Email subscription enables us to send you information on points expiry, special deals and upcoming events. By providing your email address you consent to these materials. You may unsubscribe at any time and a link is provided in each email to do so.

To The Directors: I hereby apply for election as a member of the Manly-Warringah Rugby League Club Ltd. I declare that I am over the age of eighteen years and, if elected, agree to abide by the Articles of Association and Rules of the Club. Memorandum of Association of the Club are available from the Membership Office.

Any misleading or false information may result in the Board of Directors cancelling your membership.

I consent to receive promotional material from Manly Leagues which may contain gaming machine advertising.

- Your consent may be withdrawn at any time by notice to the Club.
- Unless advised in writing this consent will continue until your membership of the Club is renewed.

I wish to receive a copy of the Club's Annual Report by email.
YES NO

I wish to receive a copy of the Club's Annual Report by post.
YES NO

Manly-Warringah Rugby League Club Ltd, is subject to the provisions of the Privacy Act 1988, which is available in full on request or on our web site.

Signature of Applicant _____

FOR POSTAL APPLICATIONS ONLY: Please complete credit card details below and post to PO Box 607, Brookvale NSW 2100 along with a copy of your driver's license or proof of name, address & D.O.B.

Bankcard Visa Mastercard Amex

Card No. _____ Expiry Date Amount Paid \$

Print Cardholders Name Cardholders Signature

OFFICIAL USE ONLY

Date Received: _____ Initials: _____ Receipt #: _____ ID: _____ Payment: _____