



Membership No: .....

# Membership Application

Mr  Mrs  Ms  Miss Surname\* ..... First Name\* .....

Residential Address\* .....

Suburb\* ..... Postcode\* .....

Postal Address (If different "as above"): .....

Suburb: ..... Postcode: .....

Phone (H)\* ..... Mobile\* ..... Date of Birth\* ..... / ..... / .....

Email\* ..... Occupation\* .....

Existing Golf Link ..... Nominate TCC as Home Club  Yes  No

- 7 Day \$780       Social Golf \$400       Junior (18-25 yrs) \$200
- 6 Day \$690       Intermediate (25-30 yrs) \$400       Sub Junior (18 under) \$100

\* Mandatory fields including photo for identification purposes only.

- Do you wish to receive our Annual Report?**       Email       Post       Not at all
- Do you wish to receive Marketing via EMAIL?**       Yes       No
- Do you wish to receive Marketing via SMS?**       Yes       No

Recent legislations changes mean the Annual Report will not be automatically mailed out to members. The Annual Report is available Club's website ([www.torontoworkers.com.au](http://www.torontoworkers.com.au)). A printed copy of the Annual Report will be available upon request. Please Note: Important Club Notices will be automatically sent to all Members.

## PRIVATE POLICY

A detailed copy of the Club's Privacy Policy can be found on the Club Website under "About Us". The Club is subject to the provisions of the Privacy Act 1988 and respects your right to privacy and is committed to protecting your personal information. The personal information on this form, which has been provided by you, will be used to process your membership. Failure to provide all the relevant information, including forms of approved identification, may result in your application being rejected. You may unsubscribe or opt-out of any marketing methods by seeing Club Reception or following provided links. You may update or correct your personal information at any time for the duration of your membership.

I acknowledge that my membership application will be provisional until approved by the Board of Directors. My membership fee will be refunded if not approved.

By signing below you acknowledge that your personal details are correct, have read and understand the Club's privacy policy and agree to abide by the Memorandum, the Constitution and the By-Laws of the Club.

Signature of Applicant: ..... Date: ..... / ..... / .....

*We, the undersigned financial members of the Club, nominate the above applicant.*

Proposer Signature: ..... Member No: .....

Seconder Signature: ..... Member No: .....

## OFFICE USE: The below information is used to process your application and is not held within our database.

ID Sighted by: ..... Staff Entering Details: .....

Form of ID:  Drivers Licence  Passport  Photo Card  Pension      ID No: .....

Player Activity Statements are available on request. THINK ABOUT YOUR CHOICES call Gambling Help Line Phone: 1800 858 858.