

MACLEAN SERVICES  
*The River Club*

To the Directors,

I hereby apply for social membership of Maclean Services Club. I declare that I am over 18 years, and if accepted for membership, agree to abide by the constitution, rules and laws of the Maclean Services Club.

Mr Mrs Ms Miss

Surname: \_\_\_\_\_ Given Names \_\_\_\_\_

Known As: \_\_\_\_\_ Address: \_\_\_\_\_

Suburb \_\_\_\_\_ P/Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Postal Address (if different) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick if you wish to receive the Club Annual Report:

1 Year

**\$5.00**

3 Years

**\$12.00**

Membership applies from the 1<sup>st</sup> January to 31<sup>st</sup> December. The Maclean Services Club is subject to the privacy act 1998. The personal information provided by you on this form will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. The Club may disclose your information to third parties that provide services under contract to the club and may use this information for marketing purposes and to provide you with the latest information about services and promotions. You have the right to access and correct any of your personal that the club holds about you.

**PROPOSER** \_\_\_\_\_ **NO** \_\_\_\_\_

**SECONDER** \_\_\_\_\_ **NO** \_\_\_\_\_

**OFFICE USE ONLY:**

Past Member?

Yes / No

DATE PAID: \_\_\_\_\_ RECEIPT: \_\_\_\_\_

ID SITED Yes / No

LICENCE NO: \_\_\_\_\_

MEMBERSHIP NO: \_\_\_\_\_

SIGNING OFFICER: \_\_\_\_\_