

## PORTLAND RSL MEMORIAL BOWLING CLUB

## **BOWLING MEMBERSHIP**

Application	Title Mr Mrs	Miss Ms	Gender F	Are you self excluded?	Favourite AFL Football Team
Given Name			Surname		
Address (No. & Street)				Preferred Na	me
Town/Suburb			State	Postcode	Date of Birth
Email			Home Telephone	Mot	pile Telephone
		3500 86 78 86 Vo			
wish to receive communications including promotional materials, t gaming related advertising material.		Please mark preferred met  Mail: Yes No		gree to receive my Player Activity Statemer	77-0-0
Yes I acknowledge and agree that by ticking this box, I h receive communications including promotional mate include gaming related advertising materials from ti	erials, third party offers and offers that	SMS: Yes No		om vende 🗆 Via maii 🗀 V	ia eman 🗆
No		Email: Yes□ No□		YOUR Play you play. You can	u the power to track how much money and time you are spendin also use YourPlay to set limits on the money and time you spend and to see your playing history online at any time.
Signature	Date / /	I confirm that the information provide correct. I have carefully read and uncorrect.		YourPlay can be a machine in Victor member for assist	added to your loyalty membership card and used on any gam ia. You can register for YourPlay at yourplay.com.au or ask a s
		agree to be bound by them.		yourplay.com.au	2000
NAME	JUNIOR MEI	MBERSHIP - \$6	(CONDITIONS		'E
		-ST/	AFF ONLY-		
LC	YALTY FORM CH	ECKED & ALL SEC	CTIONS COMPLET	ED – RECEIPT ATTACHEI	D
	THIS APPLICA	TION NOMINATE	ED BY (AFFILIATE	D MEMBERS ONLY)	
NAME		SIGN	ED	DATE	·
THIS APPLICATION SECONDED BY					

NAME\_\_\_\_\_\_SIGNED\_\_\_\_\_DATE\_\_\_\_