

# THE LEO MCCARTHY MEMORIAL SMITHFIELD RSL SUB BRANCH CLUB LTD

## APPLICATION FOR MEMBERSHIP

**Please print clearly:**

Mr Mrs Miss Ms .....  
(Given Names) (Surname)

Home Address .....

Postcode ..... Date of Birth .....

Occupation ..... E-Mail .....

Phone Number Home ..... Work ..... Mobile .....

Next of Kin Name ..... Contact Number .....

### SMITHFIELD RSL CLUB PRIVACY POLICY

This Club is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Members, Visitors and Staff. We will not disclose your personal information unless there is a threat to life, health or safety. Your personal information may, with your permission, be used by the Club for marketing purposes. You also have the right to access the personal information we hold about you. For further information please contact the Club Administration.

**Please tick appropriate box below:**

- I wish to apply for membership of the club
- I am an **ex-service person** and wish to apply for a full RSL membership  
Please note: You may only be a full RSL member of **one** club
- I am an ex-service person and wish to apply for associate Sub Branch membership

**Declaration:**

I declare that I am over 18 years of age and request you enter my name on the Register of Members accordingly, and I agree to be bound by the Constitution Rules and By-Laws of the Club.

Signature ..... Date .....

**PROOF OF IDENTIFICATION WILL BE REQUIRED WITH APPLICATION**

### PROPOSER AND SECONDER

**Must be an RSL Member of Smithfield Sub Branch or a Director of the Club:**

Name of Proposer ..... Membership Number ..... Signature .....

Name of Secunder ..... Membership Number ..... Signature .....

**Office Use Only**

Identification ..... Date ..... Receipt No ..... Amount .....