

MEMBERSHIP APPLICATION

Title	M F		
First Name			
Last Name			
Postal			
Address			
Suburb			
State	Postcode		
Mobile			
Email			
DOB	D D / M M / Y Y Y Y		
as l	ish to receive marketing and promotional offers a part of my rewards membership. ish to receive gaming related material as a part my rewards membership.		
l agree t	TANT INFORMATION to receive my player activity statement in accordance verning legislation. (tick one box only) post Via email In venue/On Kiosk		
Would you	like to participate in YourPlay? Yes No		
I have read and understood and accept the privacy policy.			
understo by these	er the age of 18 and have received, carefully read and bood the rules of the program and agree to strictly abide rules as amended from time to time and declare that hils in this application are true and correct.		

Signature

Let us know what interests you about the Newport Social Club

Live Music				
Pick a box				
Spin The	Wheel			
Punters 0	Club			
Sports				
Meat Rat	ffle			
Your Play your way	The YourPlay pre-commits available in the venue. Wit can set time limits and ne track your gaming machin in venue.	th YourPla et loss lim	ay, you its and	
OFFICE USE O	NLY			
MEMBERSHIP ENTERED		YES	NO	
CONFIRM CUSTOMER IS OVER 18 YEARS OF AGE		YES	NO	
CONFIRM CUSTOMER IS AN AUSTRALIAN RESIDENT		YES	NO	
CONFIRM ALL MAN	YES	NO		
HAVE BEEN COMPLETED CUSTOMER ID SIGHTED YES NO			NO	
LOSTOMER ID SIGF	חובט	163	NO	
D TYPE				
D NUMBER				

ID EXPIRY DATE

DATE ENTERED

MEMBER#

STAFF MEMBERS NAME