**OFFICE USE ONLY**

**Surname: ..... Membership No: .....**

WESTS DIGGERS The Courts @ East

# APPLICATION FOR FESTIVAL MEMBERSHIP

**MAIL TO** Membership Officer
Wests Entertainment Group
PO Box 3040
WEST TAMWORTH NSW 2340

## 2018 Festival Membership
## $6.00 (inc GST)

I hereby make application for membership and if accepted I hereby agree to be bound by the Constitution of West Tamworth League Club Ltd. I hereby confirm I have attained the age of eighteen (18) years of age.

**Photo ID is required for all applications under the age of 21yrs.**

Mr ☐ Mrs ☐ Ms ☐

Surname: ..... Given Name/s: .....

Address: .....

City/Suburb: ..... State: ..... Postcode: .....

DOB: ..... Email: .....

Phone: .....

Mobile: .....

**Please note: Your membership card will be held for collection at West Tamworth League Club reception – ID must be shown to collect membership card.**

Signature: .....

Date: ...../...../.....

**PRIVACY STATEMENT**

West Tamworth League Club Ltd (Wests) is subject to the provisions of the Privacy Act 1988. Any personal information provided by you will be used to process your membership application and will be protected. Failure to provide all the requested information may result in your application being rejected. You have a right to access and correct any of your personal information. Wests does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. Your personal information, including information obtained as a result of you placing your membership card in a gaming or other club machine (not ATM) may be used by Wests for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services or promotions.

**PAYMENT MUST BE RECEIVED WITH THIS FORM**

**Please DO NOT send cash**

Payment Method: (PLEASE TICK) Visa ☐ MasterCard ☐ AMEX ☐ Diners ☐ Money Order/Cheque* ☐

(*please make money order/cheque payable to West Tamworth League Club)

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: __ / __

Name on Card: ..... Signature: .....