**1 year $2 5 year $10 Life $100 Pensioner (aged or invalid) $2**

 **Member No**:……………………. **Mr / Mrs / Ms / Miss / Other:**

**First Name**:………………………………. **Surname**:………………………………………………....

**Address**:………………………………………………………………………………………………………..…

**City**:………………………………………. **State**:……………………... **Postcode**:…………

**Date of Birth**:……………………………. **Occupation**:…………………………………...………...

**Home Phone**:…………………………… **Mobile**:………………………………………….………...
**Email Address**:………………………………………………………………………………………………......

What is your preferred method of contact - **PHONE / EMAIL / SMS / MAIL**

PROOF OF IDENTITY SIGHTED - Drivers licence / Passport / Over 18 card / Pension card

 **FOR LODGE MEMBERS ONLY**

Lodge Name:………………………… Lodge No:……………….. Lodge Banner:……...……………

**STATEMENT OF APPLICANT**

I declare that I am over 18 years of age and the information I have provided is true and accurate. I agree to abide by the rules as per The Buffs Club Constitution and By Laws and all other rules and directions that may be, from time to time, imposed by Club Management. I understand that my membership is not final until my application is approved. Should my application be rejected or terminated, I will forfeit my membership card and all entitlements including those that I have accrued prior to my membership being rejected or terminated. The Buffs is committed to the Privacy of your personal details supplied on this form under the Qld Club Industry Privacy Code. The Club will not be able to offer you membership if you do not supply the required information. If you do not wish your personal information to be used for marketing purposes which may include sending you promotional material and offers from the Club and reputable parties associated with the Club - please tick here ………… You may access, update and amend your personal information at any time. Your name and membership number may be publicly displayed at the Club after acceptance, suspension or cancellation of your membership or if your number is chosen in membership or promotional draws.

**SIGNATURE OF APPLICANT:...**……………………………………………….. **DATE:…..**……………………

……………………………………………………………………………………………………………...………
*OFFICE USE ONLY - (Management Committee only to complete details below)*

*Proposers Name Membership No Signature

Seconders Name Membership No Signature

 Receipt No Date Processed*……………………………………………………………………………………………………………………………………………