

# MEMBERSHIP APPLICATION

COMPLETE THIS APPLICATION AND SUBMIT WITH A VALID AUSTRALIAN DRIVERS LICENCE,  
PASSPORT OR PROOF OF AGE CARD.

## PERSONAL DETAILS

MR  MRS  MISS  MS  OTHER

FIRST NAME

SURNAME

PREFERRED NAME

MALE / FEMALE

DATE OF BIRTH

PREFERRED LANGUAGE (OTHER THAN ENGLISH):

OCCUPATION:

## CONTACT DETAILS

POSTAL ADDRESS:

SUBURB:

STATE:

COUNTRY:

POST CODE:

HOME PHONE:

MOBILE:

EMAIL:

PREFERRED CONTACT METHODS:

EMAIL  MAIL  SMS/TEXT

## INTERESTS *(SELECT ALL THAT APPLY)*

BARS  KENO  POKIES  TABLE GAMES  RESTAURANTS  SPA  EVENTS  SPORTS

## DECLARATION

- BY SIGNING BELOW, I DECLARE THAT I AM AT LEAST 18 YEARS OF AGE OR OLDER AND THAT ALL REPRESENTATIONS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT.
- I HAVE RECEIVED A COPY OF THE MINDIL BEACH CASINO & RESORT MEMBERSHIP PROGRAM TERMS AND CONDITIONS AND UNDERSTAND THAT THEY ARE AVAILABLE ONLINE AT [WWW.MINDILBEACHCASINORESORT.COM.AU](http://WWW.MINDILBEACHCASINORESORT.COM.AU)
- BY SIGNING UP TO THE MINDIL BEACH CASINO & RESORT MEMBERSHIP PROGRAM, I AGREE TO BE CONTACTED BY MINDIL BEACH CASINO & RESORT USING THE INFORMATION ON THIS APPLICATION FORM.
- I AM AWARE THAT GAMBLING AT MINDIL BEACH CASINO & RESORT IS A FORM OF FUN AND ENTERTAINMENT, NOT A STRATEGY FOR FINANCIAL SUCCESS AND THAT FREE INFORMATION AND ADVICE IS AVAILABLE FROM AMITY COMMUNITY SERVICES [WWW.AMITY.ORG.AU](http://WWW.AMITY.ORG.AU)

SIGNATURE

DATE

/ /

## OFFICE USE ONLY

MEMBERSHIP ACCOUNT NUMBER

CUSTOMER ID TYPE

CUSTOMER ID NO

CUSTOMER ID EXPIRY DATE

HOST ID

ENROLMENT DATE