



MEMBERSHIP APPLICATION FORM

Complete this application and submit with a valid Australian driver's licence, passport or proof of age card.

PERSONAL DETAILS

Mr Mrs Miss Ms Other _____

First name _____ Surname _____

Preferred name _____ Male Female Prefer not to say Other

Date of birth ____ / ____ / ____ Preferred language (other than English) _____

Country of Citizenship (required) _____

Occupation (required) _____

CONTACT DETAILS

Postal address _____

Suburb _____ State _____ Postcode _____

Home phone _____ Mobile _____

Email _____

Preferred contact methods Email Mail SMS/text

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 understand that a copy of the Mindil Beach Casino Resort membership program terms and conditions are available online at <https://www.mindilbeachcasinoresort.com.au/lucky-north-club>. I have read, understood, and accept the terms and conditions.
- I understand that a copy of the Mindil Beach Casino Resort privacy policy is available online at <https://www.delawarenorth.com/privacy-au/>. I have read and understood the privacy policy and understand that if I have any queries regarding the privacy policy, I can telephone 08 8943 8897.
- I understand that for security and safety purposes, Mindil Beach Casino Resort utilises a range of surveillance tools, including facial recognition technology. By entering Mindil Beach Casino Resort premises I am consenting to Mindil Beach Casino Resort using, collecting and storing information from those surveillance tools, including facial recognition technology, and I agree to the use of that information for site safety and security purposes.
- 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 gambling advice is available from Amity Community Services at 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 ____ / ____ / ____