



Your lifestyle, your club.

ABN 57 000 578 398

Settlement City, 1 Bay Street,
PORT MACQUARIE NSW 2444
Phone: (02) 6580 2300
Fax: (02) 6580 2301

MEMBERSHIP APPLICATION

Membership number _____

Title [] Mr [] Mrs [] Miss [] Ms (tick appropriate box)

Please print clearly

Surname _____ First name _____

Residential address _____

Suburb _____ Postcode _____

Mailing address (if different) _____

Telephone: Home _____ Business _____ Mobile _____

Email address _____

Date of birth _____ Occupation _____

I apply for and consent to membership in the following category: (tick appropriate box)

- [] Ordinary Membership: \$22
[] Associate Membership: \$8.80
[] Permanent Membership: \$495
[] Port Macquarie Panthers R Class Membership: \$4.40
[] Ordinary Pensioner Membership: \$11
[] Associate Pensioner Membership: \$4.40
[] Permanent Pensioner Membership: \$247.50
[] Please tick the box if you do not wish to receive marketing material...
[] Please tick the box if you do not wish to receive email or SMS Communications
[] Please tick the box if you would like to receive information about Panthers gaming and poker machine promotions

Declaration

I hereby apply for membership of Panthers Group (Trading as Port Macquarie Panthers) and agree, if admitted to be bound by the Constitution, and By-Laws of the club.

Signature _____ Date _____

For Panthers Group to consider your application, the Corporations Act and Registered Clubs Act requires us to obtain, display in the Club and in some cases make available information such as your name and address. If you do not provide that information we may be unable to consider your application. Panthers will deal with your personal information in accordance with its privacy policy which is available at www.panthers.com.au. In particular Panthers may use your personal information to advise you of Club services, benefits or offers. Please contact our Privacy Officer if you would like to access your personal information.

PANTHERSGROUP

OFFICE USE ONLY

I.D type _____ I.D number _____

Concession type _____ I.D number _____

Expiry date _____

[] Photo taken [] I.D. Check

Processed by _____ Date _____