Expires - 30/06/2026



Member No:

56 Merool Rd, (PO Box 41), Moama NSW 2731 ph. (03) 5482 6677 reception@moamarsl.com.au www.moamarsl.com.au

Adult Membership Nomination Form The applicant is required to complete the details below and provide proof of identity. Please ensure that this form is signed by the applicant.

Title:	itle: Surname: Given Names:				
Residential Add	lress:				
Town/Suburb:		S	State:	Pos	stcode:
Postal Address	(if different from above):				
DOB:		(00/00/0000)			
Email Address:					
Mobile:	La	andline:	C	Occupation:	
*In accordance with	n the Registered Clubs Act N	SW, this information must be pro	vided and must	be accurate.	
	this box if you do not ce with applicable legislation)	wish to receive marketing	and gaming	promotional inform	ation.
. •		nability Policy, the Club will be pr we can send you a notification e	-	-	-
my personal inform		if accepted, agree to be bound by verned in the Privacy Act and Clubove particulars are correct.			
Signature of ap	plicant:				
			D	ate:	(00/00/0000)
				Player Activity Statements are available upon request, for further information contact club reception.	
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Office Use Only Proof of Age = Dr					
Proof of Age ID Card#				Passport#	
Proof of Age ID C			Staff Initials#	Passport#	\$5 Expires 2026 \$20 Expires 2030
	ard#	Predit Card payments	Staff Initials#		·
ONLY comple	ete this section for (Credit Card payments	Staff Initials#		·
ONLY comple	ard#		Staff Initials#		\$20 Expires 2030
ONLY comple	ete this section for Coayment details:		Staff Initials#	r mail.	\$20 Expires 2030
ONLY comple Credit Card p	ete this section for Coayment details: o debit my Credit Card:		Staff Initials# by email or 026 OR	r mail.	\$20 Expires 2030

^{*}Please note: If you're making payment via email or mail, your Membership Card will be held at reception until your next visit to the Club when you can provide adequate proof of ID before receiving your card.