

# TWC Silver Member Application Form

**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **Home No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Gender:** MALE / FEMALE **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Wonfund (choice of local non-profit organisation):** \_\_\_\_\_

<b>Preferred days / nights out:</b>				<i>Please circle</i>
Sunday	Monday	Tuesday	Wednesday	
Thursday	Friday	Saturday	Any day	
<b>My favourite drink(s) to WIN are:</b>				
Local beer	Premium beer	White Wine	Red Wine	
Champagne	Spirits	Cocktails	Soft drinks	
<b>My favourite food(s) are:</b>				
Pizza / Pasta	Curry / Spicy	Seafood	International Cuisine	
Chicken	Steak	Roast Dinner	Chocolate	
Oysters	Gourmet Foods	Desserts	Cheese	
<b>Entertainment I Enjoy:</b>				
Current Rock	70's, 80's & 90's	Accoustic Acts	Karaoke	
Jazz	Blues	Cover bands	Top 40's DJ	
Comedy	Computer Games	Live Sports	Pool comps	
Fishing	Pokies	Trivia	Poker	
<b>Please Contact Me:</b>				<i>no. times per week</i>
1 - 2	3 - 7	7 +		

Free Notification for Major Events, Promotions and VIP Discounts

**CONSENT:** I \_\_\_\_\_ give consent for my personal information to be obtained and retained in accordance with the Privacy Act 1988 for the purposes of social membership at the Wonthaggi Club & receiving free notification for major events, promos & VIP discounts.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[Drivers License No# \_\_\_\_\_ State: \_\_\_\_\_ Expiry: \_\_\_\_\_ Sighted by: \_\_\_\_\_]

[Total Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Cashier Name: \_\_\_\_\_ Sign: \_\_\_\_\_]