



APPLICATION FOR SPORTING MEMBERSHIP



FOR SENIOR/NON-PLAYING MEMBERS OR PARENTS/GUARDIANS OF JUNIOR PLAYERS

Date: ____ / ____ / ____

☐ Senior/Non-Playing Member ☐ Parent/Guardian

Have you previously held a membership with CSC Group? ☐ Yes ☐ No

(Caboolture Sports Club, Centenary Lakes Sports Club or North Lakes Sports Club)

If Yes, what is your CSC Group member number: _____

Sex: ☐ Male ☐ Female

Date of Birth: ____ / ____ / ____

CSSA Club: _____

Title: (Please circle) ☐ Mr / ☐ Mrs / ☐ Ms / ☐ Miss / ☐ Other: _____

Given Name(s): _____ Surname: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Residential Address: _____

(please leave blank if same as Postal Address)

Home Phone: _____ Mobile Phone: _____

Email: _____

For Parents/Guardians: Playing child's name: _____

TERMS & CONDITIONS: I hereby apply for membership at CSC Group (Caboolture Sports Club Limited). I am over the age of 18 years and if accepted as a member, agree to abide by the Articles of Association and rules of the Club that may be in force from time to time. CSC Group is committed to the privacy of your personal information such as your name, address, gender, etc supplied by you in your interaction with the Club under the Privacy Act 1988 (Cth). The Club will use the information to provide its facilities and services to you. The Club will only collect your personal information that is necessary for it to meet or fulfil its activities and functions. The Club will seek your consent before releasing your personal information, where lawful and practicable and will only disclose your personal information to a third party and for secondary purposes to the extent provided by the Privacy Act. The Club will put in place appropriate measures to safeguard your personal information. You have the right to know what type of information is held about you by the Club and also the right to access and correct your personal information. CSC Group supports the Clubs Queensland Code of Privacy Policy. If you choose not to give the required information, your request for Club membership and access to Club facilities and services may be denied. Please check the box below if you decide not to receive any services offered by the club, such as promotional offers. Alternatively, if you are an on-going member and have been receiving these offers and decide not to receive them any more, the club will, upon your written request, take your name off the relevant mailing list. The Club has a designated staff member whom you contact if you require any clarification on this privacy statement or have a privacy complaint.

☐ Please tick only if you **do not** wish to receive any promotional offers including birthday rewards

Signature of Applicant: _____

OFFICE USE ONLY

Member ID Type: ☐ 18+ Card ☐ Drivers License ☐ Passport

Checked ID No: _____

Must be sighted & completed by Sub Club Representative

Sub Club Rep Name: _____ Sub Club Rep Signature: _____

CSC Group ID (sub-club leave blank): _____

foundation sub clubs

