

SALTBAR BEACHBAR AND BISTRO | CLUB SALTBAR | APPLICATION FORM (PLEASE PRINT DETAILS CLEARLY BELOW)

Mr/Mrs/Ms/Miss Family Name Given Name

(please circle)

POSTAL ADDRESS

Street Suburb State Postcode

IS YOUR HOME ADDRESS DIFFERENT FROM YOUR POSTAL ADDRESS? NO YES (if yes please print details below)

HOME ADDRESS

Street Suburb State Postcode

Phone () Work () Mobile

Email Address

Date of Birth Occupation

TO HELP US PROVIDE EXCELLENT SERVICE, PLEASE TELL US A LITTLE ABOUT YOUR PREFERENCES:

WHAT STYLE OF MUSIC DO YOU PREFER?

- Lounge/Easy Listening Jazz/Blues Karaoke House/DJs/Electronic 70s-80s 90s
 Country/Folk Rock Other

WHAT IS YOUR MAIN REASON FOR VISITING SALTBAR?

- Dining (lunch, dinner, coffee/cake) Drinks Gaming Entertaining friends/family
 Special event/function..... Other

WHAT SPORTS/ACTIVITIES DO YOU ENJOY PLAYING AND WATCHING?

APPLICATION DECLARATION: I hereby certify that I am over eighteen years of age and have read and agree to the Terms and Conditions of Club Saltbar.

Signature of Applicant..... Date

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| OFFICE USE ONLY |
| STAFF MEMBER NAME |
| AUTHORISED SIGNATURE..... DATE |
| DATE PROCESSED |
| MEMBERSHIP NUMBER <input type="text"/> |