



For Senior/Social Members or Parents/Guardians of Junior Players

	Mobile Phone:		
	blank if same as Postal Address)		
Suburb:	State:	Postcode:	
Postal Address:			
Given Name(s):	Surname:		
Title: Other:			
Sex: □ Male □ Female D	ate of Birth:		
	mbership with Caboolture Sports s your Caboolture Sports Club me		
□ Senior Playing/Social Memb	er 🛛 Parent/Guardian		
Date:			

For Parents/Guardians - Playing child's name?

TERMS & CONDITIONS I Hereby apply for membership at your Club. 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. The Caboolture Sports Club Inc 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. The Caboolture Sports Club Inc 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.

Signature of Applicant:

□ I do not wish to receive any promotional offers including birthday rewards

Office Use Only

Member ID Type: Must be sighted & comple			e 🗆 Passport	Checked ID No:		
CSC Membership Number (sub-club leave blank):						
Sub Club Rep Nam	ie:	S	Signature:			