

## MEMBERSHIP RENEWAL

MEMBERSHIP NUMBER	* MOBIL	E*		*These details	s are compulsory
EMAIL*					
	NEWCASTLE KNIGHTS - FOR AI N OF <b>THE NEWCASTLE KNI</b> O		20 KNIGHTS RED MEM	BERSHIP Yes	
ANSW TO W	How likely are you Very Unlikely 1	ion to go in the draw to win to recommend Wests to a f 2 3 4 5 6 7 8 9 10 and Permit Number available a	riend/colleague? O Very Likely (P	Please circle)	onth:
All information submit information to any oth SMS from time to time acknowledge and agre manner. For more info	/ TERMS & CONDITIONS  ted by you to manage and deliver the serve ter person or business. By signing this are with information and promotions pertal e that the Club will send and you will recember that the Club will send and you for full club receive marketing material from Wests	nd other promotions, you are autaining to The Wests Group Austrative Notices by email unless you aclub financials visit mywests.com.a	horising the promote alia. You consent to re dvise the Club that you	rs to contact you I eceiving Notices b u wish to receive N	by mail, email or by email and you
LOYALTY PROGRAM All members are entitled westsnewcastle.com.au	to participate in the club's loyalty programs Your application for membership or ren	s on the basis of the terms and condi ewal includes membership of the	club's loyalty progra	ım.	
GAMING MACHINE AD	participating in the Wests loyalty progr	ram and understand all loyalty pr	ogram points and bei	nefits will be forfei	ted.
	ver ising ring from Western Suburbs (N'cle) Leagu	ues Club promotional material wh	ich contains gaming i	machine advertisir	ng.
	withdrawn at any time by completing an o our membership of the Club is due for re				ent given by this
	embership of Western Suburbs (N'Cle) Le ual fee for membership of the club on the ws made thereunder.				
Full name					
Signature of applicant			Date		
HAVE YOUR DET	AILS CHANGED? If yes, please upda	ite your details below.			
I AM APPLYING FOR					
	O Pensioner Member^ \$5 O 10 Year	Pensioner Member <sup>*</sup> \$44			
Pensioner/Senior	Yes ONo If yes, please provide referen	nce number			
PERSONAL DETAILS					
Mr Mrs Mis	s OMs Or				
First Name		Surname			
Occupation					
Residential Address					
	Suburb		State	Postcode	
Postal Address					
(If different to above)	Suburb		State	Postcode	020
OFFICE USE ONLY Venue: New Lambton Mayfield Cardiff Nelson Bay City  I confirm that all details have been entered into the system. Staff code Signature					
I confirm that all details have been entered into the system.  Staff code  Signature					
r committe that all det	and the been efficied into the system.	Stair code	Signature		9 M