

ROYAL HOTEL

GRANVILLE

JOIN OUR LOYALTY CLUB

CLAIM YOUR REWARDS

- - -

Title: Mr / Mrs / Ms / Miss / Other: _____
First Name: _____
Last Name: _____
Date of Birth: _____ Gender: Male / Female
Address: _____
Suburb: _____
State: _____ Post Code: _____
Phone: _____
Email: _____

Photo Identification Check

ID Type: Drivers Licence / Passport / Concession Card / Photo Card
ID Number: _____

Declarations and Consent

I am over the age of 18 years and wish to become a Member of Royal Hotel Granville and request that you enter my name on the Register of Members accordingly.

I consent to receiving marketing materials, advertising materials and other offer materials from Royal Hotel Granville including but not limited to material relating to birthday rewards, prize draws, promotions, entertainment, food, beverage, gaming machines, gaming and the loyalty program.

I agree to the terms and conditions

Signature: _____
Date: / / _____

Admin Use _____
ID Checked by: _____
Membership Card Number: _____
Data Entry by: _____ Date: / / _____