

Membership Application Form

Type of Membership

- Standard Membership (\$149.00) Supplementary Membership (\$39.00) Family Membership (\$199.00)

Payment

Type of Card/Payment –

- Bankcard Mastercard Visa Direct Debit
 Amex Cheque/Cash Eftpos Internet

Expiry Date: ____/____/____

Card/Cheque Number: _____

Name on Credit Card: _____

Standard Membership

Member's Name: Mr/Mrs/Ms/Miss _____
(first name) (surname)

Preferred Name on Card: _____
(first name) (surname)

Postal Address: _____

Phone (Home): _____ Phone (Work): _____

Mobile: _____ Email: _____

Member's Birthday: ____/____/____ Anniversary Date: ____/____/____

Spouse's Name: _____ Spouse's Birthday: ____/____/____

Occupation/Industry: _____

Supplementary Membership

Member's Name: Mr/Mrs/Ms/Miss _____
(first name) (surname)
Preferred Name on Card: _____
(first name) (surname)
Postal Address: _____

Phone (Home): _____ Phone (Work): _____
Mobile: _____ Email: _____
Birthday: ____/____/____ Anniversary Date: ____/____/____
Occupation/Industry: _____

Family Membership

Member's Name: Mr/Mrs/Ms/Miss _____
(first name) (surname)
Spouse's Name: Mr/Mrs/Ms/Miss _____
(first name) (surname)
Preferred Name on Card: _____
(first name) (surname)
Postal Address: _____

Phone (Home): _____ Phone (Work): _____
Mobile: _____ Email: _____
Birthday: ____/____/____ Anniversary Date: ____/____/____ Spouse's Birthday: ____/____/____
Occupation/Industry: _____

Number of children on card?

1 2 3 4

Child 1 Name: _____ D.O.B. ____ / ____ / ____

Child 2 Name: _____ D.O.B. ____ / ____ / ____

Child 3 Name: _____ D.O.B. ____ / ____ / ____

Child 4 Name: _____ D.O.B. ____ / ____ / ____

General Information

What types of cuisine do you enjoy?

- | | | | |
|-------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Indian | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Thai | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Greek | <input type="checkbox"/> Mediterranean | _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> German | <input type="checkbox"/> Mexican | _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Italian | <input type="checkbox"/> Seafood | _____ |

What is your favourite restaurant? _____

Referrals

Is there anyone that you would like to refer to us to become part of the Restaurant Club?

1. Name : _____

Contact Details: _____

2. Name: _____

Contact Details: _____

Please fax this form to 07 4031 8088 or post it to PO Box 1170 Cairns QLD 4870