



SOCIAL CLUB

SOCIAL CLUB APPLICATION FORM

Applicant Details

Preferred First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

Social Club:  Victoria  South Australia  New South Wales

Employment:  Casual  Permanent

Contact Number: \_\_\_\_\_
Please provide a contact phone number so we can contact you if required.

Contact Email: \_\_\_\_\_
Please provide a contact email address so you can receive notification of upcoming events and the Social Club can email you directly as required. It is not recommended to use store email addresses as emails may contain private information.

Access to your Mailing address?:  Yes  No
Occasionally the social club will post event tickets direct to your home address rather than through the internal mail. The Social Club requires your consent to obtain your home address from Payroll. The alternative is for the tickets to be sent in the internal mail. National Pharmacies Privacy policies will be strictly adhered to.

I hereby request to become a member of the NATIONAL PHARMACIES SOCIAL CLUB INC and in doing so agree to be bound by the rules of the Association.

I also AUTHORISE and REQUEST NATIONAL PHARMACIES to deduct from my salary/wages the sum of \$1 (one dollar) each week and to remit the amount to the National Pharmacies Social Club Inc.

Should the Social Club membership fees be varied from time to time in accordance with the rules of the Association the new weekly membership fee deducted from my salary/wages shall commence upon written notice being received by me from the National Pharmacies Social Club Inc. without further authority from me.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete where indicated above and send to Payroll Department to be processed.