



Loxton Hotel

MEMBERSHIP APPLICATION

I am over the age of 18 years and have been resident within the town of Loxton or surrounding districts (post codes 5311, 5331, 5332, or 5333) for a period of no less than six calendar months. As a hotel member I agree to abide by the conditions and regulations as set out in the company's constitution and to pay the lifetime membership fee of 50 cents.

Please tick this box, if, in each future year commencing the year of your membership acceptance, you wish to have a hard copy of the Loxton Hotel's Annual Reports and Financial Statements posted to you.

Mr Mrs Ms

Surname

Christian Name

Street Address

Postal Address

Home Landline

Mobile

Email

My birthday is / / year (optional)

Yes No Thanks

I would welcome advice of member specials, discounts and offers via

SMS Email Both

SIGNATURE

DATE

Member Number

If your card is lost please notify the hotel as soon as possible. Replacement cards are available at \$15 per card. Apply at reception.

OFFICE USE ONLY

Nomination & Payment Received _____ / _____ / _____

Staff Signature _____

Identification Sighted _____

Staff Signature & Date _____

Identification Reference# _____

(Drivers Licence, Utilities Bill etc) _____

Membership Number _____

Staff Signature & Date _____

POS Database Updated _____

Staff Signature & Date _____

Company Member Updated _____

Staff Signature & Date _____



Loxton Hotel

One of SA's great country pubs.

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