

Membership Application Form - Private & Confidential

DOLPHINS HARBOURSIDE HOTEL
17 – 21 Wharf Street
Tweed Heads NSW 2485

Dear Sir / Madam,

I hereby make application for DOLPHINS HARBOURSIDE HOTEL MOTEL
MEMBERSHIP.

Name (in full) _____

Private Address

Postcode _____

Date of Birth _____ Title (Mr, Mrs, Miss, Ms,) _____

Occupation

Email Address _____

Mobile _____

I agree to receive regular promotional information from the Overlander Hotel
Motel by way of email or SMS (please circle) Yes / No

If yes, please identify preferred method Email or
SMS

The information collected here is for internal promotional purposes only.

The Dolphins Harbourside Hotel will not provide personal information to any third party.

The Dolphins Harbourside Hotel reserves the right to cancel membership at any time.

Signature of Applicant _____ Date _____

MEMBERSHIP CARD NUMBER ISSUED (office use only) _____