



VICTORIA POINT
SHOPPING CENTRE

SENIORS ADVANTAGE CARD APPLICATION FORM

Full Name: _____

Address: _____

Suburb: _____ Postcode: _____

Postal Address: As Above Other

Other: _____

Contact Numbers: Home _____ Mobile _____

Email: _____

Age: _____ Date of Birth: _____

Gender: Male Female

I would like my partner to be listed as a member also. His/Her details are as follows:

Full Name: _____

Age: _____ Date of Birth: _____

Gender: Male Female

Tick this box if you do not wish to receive further information regarding promotions and events from Victoria Point Shopping Centre

Privacy Note: Your details will not be provided to any other party other than the database Manager and will only be used by LEDA Victoria Point Shopping Centre to provide you information pertaining to specials and promotions that the Centre has on offer. You may contact us at any time to be removed from the database.

Signature: _____ Date: _____

CARD NO (office use only): _____

Return your application to Seniors Advantage Card to:

VictoriaPoint Shopping Centre
Centre Management
2-34 Bunker Road **OR** PO Box 3354
Victoria Point West Qld 4165.
Phone: (07) 3820 8100 Fax: (07) 3820 8122
Email: marketing@victoriapointshoppingcentre.com.au