

**PickledEvenings Preferred Guest Membership Program**  
(Please read the terms and conditions before filling this form)

**FAX this form to Pickled Evenings at: 0363319124 or**  
**Email us scanned copy at: [info@pickledevenings.com.au](mailto:info@pickledevenings.com.au) or**  
**Post us at: 135 George street, Launceston, 7250 Tasmania**

**Membership Benefits:**

1. 10% Discount on total bill, both takeaway and dine in (on a minimum order of \$50 on both dinein and takeaway)
2. 15% Discount on total bill, when organizing a party of 15 or more people
3. 20% Discount on any outside catering supplied by PickledEvenings if your order is above \$1000
4. Invitation to Members Nights, Menu Launch and Other Special Events
5. 5% discount on all gift vouchers
6. Birthday gift from PickledEvenings when you visit us during your birthday week. Members would be allowed to bring there own cakes and no cakeage would be charged (valid only on dine-in, booking essentials minimum 2 days prior to the party, minimum table of 4 guests required)
7. Members will receive special offers and more discounts via email
8. Get your own private room with a special menu designed by the chef, on organizing a corporate dinner or party of 30 or more people (not valid on weekends)

**Terms & Conditions\* -**

1. Benefits apply to card owners and their guests.
2. Membership of PickledEvenings is absolutely FREE!
3. Card cannot be used in conjunction with other offers and discounts unless otherwise stated. Card owner must be present when using the card.
4. To join the membership, the person must complete an application form. This form is available at our restaurant.
5. To enjoy membership benefits, you personally must present your membership card at time of payment of your bill and also display the card on your table
6. Only one card may be used per table/party, with one bill for the table - no separate bills. The card can be used on repeat visits.
7. The card can be used on both dine in and takeaways on a minimum order of \$50 and above
8. To avail the Birthday Gift Offer a booking of minimum of 4 guests is required
9. PickledEvenings membership card is **non transferable** and remains the property of **PickledEvenings**
10. Your personal details will be used to send you offers and emails
11. PickledEvenings reserves the right to cancel a Membership at any time if it appears that the Membership is being used in any other way than which the program is designed.
12. PickledEvenings reserves the right to change, limit, add or delete any of the Membership program rules, terms, conditions, benefits, award levels, in whole or in part, at any time, as it's sole discretion, with or without notice. Members may not rely upon the continued availability of any benefit or award level. If the program is cancelled at any time, the membership card will be forfeited. By accepting the membership card of PickledEvenings you, hereby, agree to all the terms and conditions relating to the membership.
13. PickledEvenings Membership has no predetermined lifespan and may continue until such time as PickledEvenings, in its sole discretion, elects to designate a termination date.
14. It is the individual member's responsibility to notify of any change in address details or any other personal details. If we are unable to contact a member within a six-month period, we reserve the right to close the Membership account.
15. In case of lost or stolen card, please inform us immediately through email ([info@pickledevenings.com.au](mailto:info@pickledevenings.com.au)) and we will issue you a new card.
16. If you no longer wish to be a member of PickledEvenings Membership program, Please advise us in writing and fax to +61 036 3319124 or email to: [info@pickledevenings.com.au](mailto:info@pickledevenings.com.au)

I hope you enjoy the restaurant membership benefits.

**Manager**  
**PickledEvenings**

All of the details below must be completed. Please write clearly in **BLOCK** letters only.

**APPLICANT'S DETAILS**

\*Title: Mr  Miss  Mrs  Ms  Dr  Other

\*Surname:

\*Given Name(s):

Occupation:   
(DD) (MM) (YY)

\*Date of Birth:     
(DD) (MM) (YY)

Anniversary:

\*Postal Address:

\*Suburb:

\*State:

\*Postcode:   
(Area Code)

Home Phone:

\*Business Phone:

\*Mobile Phone:

\*Email Address:

I am desirous of joining PickledEvenings **Preferred Guest Membership Program**.  
Declaration:

I declare that the information given on the form is true and correct. I also agree to all the terms & conditions specified at the back of this form.  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***In 2-3 weeks, you will receive your membership card and welcome kit.***  
***\* Item marked (\*) must be completed to become a member***