

Rainbow Casino Membership Form

Required

Title (Mr/Miss/Mrs/Ms): Date of Birth:

First Name(s): Surname:

Address:

City: Postcode:

Phone: Mobile: Email:

Signature: Date:

Optional

Nationality: Ethnicity:

Casino Favourites: Roulette Slots Blackjack Three Card Poker Poker Other: _____
(Please circle all that apply)

Interests: Football Golf Horseracing Restaurants Other: _____
(Please circle all that apply)

Please tick here if you wish for Rainbow Casino to contact you regarding promotions and offers

Office Use Only

ID Type:
(e.g. passport, driving licence)

ID Number:

Received By:

ID Source:
(e.g. UK, Home Office, DVLA)

Expiry Date:

Processed By: