

BOWLING MEMBERSHIP APPLICATION FORM

PLEASE NOTE: This form must be lodged by applicant, in person, with appropriate fees and identification.

To: The Board of directors, I wish to become a member of Hexham Bowling Club Co-operative Limited, in the Category indicated below.

PLEASE TICK APPROPRIATE BOX

- ☐ **FULL BOWLING MEMBER \$50**
☐ **BOWLING PENSIONER MEMBER \$40**
☐ **JUNIOR \$12**

Are You a Registered Bowler at another bowling club? ☐ YES ☐ NO

If so please supply name of club: _____ Bowls NSW No: _____

Do you intend to play club bowls? ☐ YES ☐ NO

Do you wish to play pennant bowls? ☐ YES ☐ NO

☐ If admitted to Membership I agree to be bound by, and to comply with, the Rules and By-Laws of the Club.

☐ I declare that I am over the age of 18 and the following particulars refer to me in every respect.

PLEASE NOTE: if the applicant is under the age of 21, appropriate PROOF OF AGE must be produced

Surname _____

FirstName: _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Miss.

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Home Address: _____

Suburb: _____

P/code: _____

(Please note a Home address must be given)

Mailing Address: _____

Suburb: _____

P/code: _____

(If different to home address)

Date of Birth: ____/____/____ Occupation: _____

Home Phone No: _____

Mobile Phone No _____

Email Address: _____ @ _____

Signature of Applicant _____

Dated ____/____/____

SIGNATURE OF GUARDIAN FOR JUNIOR MEMBERSHIP

Signature of Guardian _____ Dated: ____/____/____

PRIVACY STATEMENT

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other Club machine (excluding ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Do you wish to receive marketing material and information about our promotions and services? ☐ YES ☐ NO

FOR OFFICE USE ONLY

Drivers Licence No: _____ Expiry Date: _____

Other ID: _____ Amount Paid: \$ _____

Membership No: _____ Staff Member: _____