

APPLICATION FOR BOWLS MEMBERSHIP

APPLICATION MUST BE PROPOSED AND SECONDED TO BE ACCEPTED



The **applicant** is required to complete the details below.

Mr /Mrs /Miss /Ms	First Name:	Surname:	Date of Birth:
Home Address:			
Home Suburb:	State:	Postcode:	
Postal Address:			
Postal Suburb:	State:	Postcode:	
Mobile:	Business:	Home Phone:	
Email:	Occupation:		

I wish to become a bowling member of Wiseman Park Wollongong Bowling Club Ltd, subject to the Constitution of the Royal New South Wales Bowling Association, and the Memorandum and Articles of Association and /or rules of the above Club.

The following information is required

<p>Any applicant wishing to make Wiseman Park Wollongong City Bowling Club their main Club or who is resigning from another Bowling Club must supply such request/information in writing. (required by Royal)</p> <p>Are you a Member of a Bowling Club? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, state Club or Clubs: _____</p> <p>Royal Registration No: _____</p> <p>Is this membership current? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have you ever been a Member of any Club (Bowling or otherwise)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, state Club or Clubs: _____</p> <p>Have you ever been suspended, expelled or asked to resign from any Club? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, state Club or Clubs: _____</p>
---	---

Proposer & Seconder details

Proposer Name:	Signature:	Period of Acquaintance:
Seconder Name:	Signature:	Period of Acquaintance:
Signature of Applicant:		Date:

ID Number:

PRIVACY POLICY. This Club is subject to change to the provisions of the Act 1988 and is committed to safeguarding personal information provided by members, visitors and staff. We will not disclose your personal information unless there is a threat to life, health or safety. Your personal information may, with your permission, be used by the Club for marketing purposes. You also have the right to access the personal information we hold about you.

Please note – Where you have provided an email address you agree and acknowledge that the Club will provide all notices and communications (including Notices of AGM and the Annual Report) to you via that email address.

WPBC collects information that is available to you in the form of a Player Activity Statement (PAS). The PAS is made available to you on request. Think about your choices. Call GAMBLING HELP 1800 858 858 www.gamblinghelp.nsw.gov.au

OFFICE USE ONLY		Amount:
Date Paid:	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Status:
Letter Sent:	ID Sighted:	Card Sent:
		Receipt No:
		Date: