Appendix 1

Membership Form

…… BOWLING CLUB INC.

APPLICATION FOR MEMBERSHIP

Section 1 **– Personal Details**

Mr / Mrs / Ms / Miss / Other (circle one)

Surname: Christian Names:

Address:

Suburb City/Town

Telephone (Home): (work): Mobile):

Email Address:

Date of Birth: Occupation: Gender: Male / Female / Other

Emergency Contact: Telephone:

Section 2 **– Type of Membership** (please tick one)

Playing Member: ____ Non-Playing Member: ____ Limited Playing Member: ____ Social Member: ____

Student Member: ____ Casual Playing Member: ____ Other Memberships: _____

I have played bowls for ____ years Current Grading_____

Have you previously been- suspended / terminated / or denies membership of another sports club: Yes / No

If **yes** provide details:_____

Previous bowling clubs you have been a member at: _____

_____

Section 3 **– Registration**

I, _____ desire to become a member of the _____ Inc.

I declare that the information on this form is true and correct and that I will abide by the club constitution, rules and code of conduct. I am aware that a copy of these documents can be obtained from the Club Secretary and that all club members details are held on the Club database. I also give the club permission to contact my previous clubs, should they wish to do so.

Dated this _____day of _____202__ Signature of Applicant_____

Nominated by:_____ Seconded by:_____

Privacy Act: The Club, Centre & Bowls New Zealand will use information collected for the purpose for which it is collected and for such other secondary purposes that are related to the primary purpose of collection. We generally use personal information to communicate directly with members, complete delivery of our products and services to you and to help manage and enhance our products and services. Members have the right to seek access to personal information held about them and must advise Bowls New Zealand through the Club Information Officer/Secretary of any inaccuracy or changes. There are some exceptions to this right set out in the Privacy Act. If you make an access request, we will ask you to verify your identity and specify what information you require.

Office Use: Date Joined _____ Date Approved _____ Clearance Certificate Yes / No

Receipt No. _____ Membership No. _____