

WHANGĀREI BOWLING CLUB
INCORPORATED

APPLICATION FOR MEMBERSHIP

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MR/MRS/MS

INITIALS

CHRISTIAN NAME

SURNAME

Postal Address:

.....

Telephone: Mobile:

E-mail Address:

Occupation:

Hereby apply to be a Member of the Whangārei Bowling Club Incorporated

as a FIRST YEAR FULL PLAYING SOCIAL

I have previously been a member of the following Bowling Club(s):

.....

Date: Applicant's Signature:

In signing this application, you agree to abide by the Constitution and Rules of the Whangārei Bowling Club Incorporated. Your application will be submitted to the Board for approval and you will receive notification of approval or otherwise.

Privacy Act 2020: Pursuant to Privacy Act 2020, I hereby acknowledge that as a condition of membership of the Club, consent to personal information in this form being included in the membership list for display in the Club pavilion and Club Handbook and inclusion in the annual statistical return supplied by the Club to the Centre for any one or more of the following purposes: the Centre's Membership records including Centre levy purposes; for publication and distribution in the Centre Handbook (if necessary); for distribution by the Centre pursuant to arrangements entered into with sponsors; for forwarding to Bowls NZ for its records including capitation fee purposes and/or for distribution by Bowls NZ pursuant to arrangements entered into with sponsors.

Subscriptions: First Year: \$60.00 • Full Playing: \$120.00
Social: \$20.00 (fees are GST inclusive).

Bank Account: ANZ 01-0495-0261930-00

Submit Form or Email to: bowlswhangarei@gmail.com

Submitted to Board:

Approved: