

# CLUB MEMBER APPLICATION FORM



1 Year \$5.00

5 Years \$20.00

I (Mr, Mrs, Ms, Miss) \_\_\_\_\_

Surname

First Name

Middle Name

Of \_\_\_\_\_

Full residential address

State

Post Code

\*Phone No: (\_\_\_\_) \_\_\_\_\_ \*Mobile: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Email Address: \_\_\_\_\_ \*May be contacted in future for promotional purposes.

Occupation: \_\_\_\_\_ (If Retired please include previous Occupation)

Next of kin: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Hereby apply to become a member of the Alstonville Plateau Bowls & Sports Club Limited and, if admitted, I agree to be bound by and comply with the Memorandum, Articles and By-Laws of the Club. The fee paid represents membership fee and GST.

**I declare that I am over the age of 18 years (except Junior Bowling Members).**

Have you been suspended, expelled or asked to resign from any Club, if so state Club or Club/s: \_\_\_\_\_

Which local sporting clubs are you affiliated with?: Bowls/ Soccer/ Cricket/ Rugby/other \_\_\_\_\_

I hereby elect to receive a copy of the Annual Report via:  Hard Copy  Electronic Copy (email)

If you do not elect to receive a copy via the above formats a copy will be available on the website.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Membership No: \_\_\_\_\_

The Alstonville Plateau Bowls & Sports Club Limited is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you on this form and attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have the right to access and correct any of your personal information that the Club holds about you. The Club does not usually disclose your personal information to any other organisation or person, unless there is legal requirement to do so. The Club may disclose your information to a third party to keep your personal information confidential and secure.

## OFFICE USE ONLY

Identification No: \_\_\_\_\_ ID Type: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff members initial: \_\_\_\_\_ Passed by Board: \_\_\_\_/\_\_\_\_/\_\_\_\_ M'ship No: \_\_\_\_\_

**\*Identification details must be provided by all new members.**