

ADDRESS ALL CORRESPONDENCE TO

THE SECRETARY
PO BOX 56078
DOMINION ROAD
MT EDEN



14 MONT LE GRAND ROAD
Mt EDEN
AUCKLAND.3
Tel: (09) 630-0937
FAX: (09) 630-9075
E-MAIL: balbc@extra.co.nz
WEB: www.balmoralbowls.com

BALMORAL BOWLING CLUB INC

APPLICATION FOR MEMBERSHIP

SECTION 1: ---- Personal Details.

Mr/Mrs/Ms/Miss/Other: _____ Suffix _____
Surname: _____ Christian Names: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____
Email Address: _____

Date Of Birth: _____ Occupation: _____ Gender: M / F

SECTION 2: ----Type Of Membership. (please tick one).

Full Member _____ 1st Year Member _____ Associate Member _____ Casual Playing Member _____

Student Member _____ Social Member _____ Limited Member _____

I have played bowls for _____ years and currently graded as a _____

SECTION 3: ----Registration.

I _____ desire to become a member of the Balmoral Bowling Club Inc.

I declare that the information on this form is true and correct and I will abide by the Club constitution, rules and code of conduct. I am aware that a copy of these can be obtained from the Club Secretary.

Dated this _____ Day of _____ 200_____ Signature of Applicant: _____

Nominated by: _____ Seconded by: _____

Privacy Statement: The Balmoral Bowling Club Inc collects information about you from the information you provide in seeking membership of the Club. This information is also provided to Auckland Bowls and N.Z.Bowls as per our constitution. You have the right to inspect your personal information held by the Club.

Your personal information may be used by the Club for marketing services to improve our Club.

If you do not wish to receive marketing material and information please tick here: _____

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

Receipt No: _____ Membership No: _____