

BALMORAL WOMEN'S BOWLING CLUB (INC)



The Castle on the Hill

PRESIDENT: Marjorie Ainsworth
SECRETARY: Kerrin Connell

Application for Membership

Section 1 – Personal Details

Title: Miss / Mrs / Ms / Other

Surname: _____ Christian Names: _____

Address: _____

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

Email Address: _____

Date of Birth: _____ Occupation: _____

Section 2 – Type of Membership (Please tick one)

Full Member _____ Associate Member _____

Social Member _____ Student Member _____

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

Section Three – Registration

I, _____ desire to become a member of the Balmoral Women's Bowling Club 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 a copy of these can be obtained from the Club Secretary.

Dated this _____ day of _____ 20__ Signature of Applicant _____

Nominated by: _____ Seconded by: _____

Privacy Statement: The Balmoral Women's 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 Bowls New Zealand 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: Join Date _____ Date Approved _____
Receipt No _____ Membership No _____
Clearance Certificate Yes / No