

SEAFORTH BOWLING CLUB LTD.

ABN 73 001 059 972

Kirkwood Street, Seaforth 2092

Mail to PO Box 37, Seaforth 2092

Phone: 9948-1119

APPLICATION FOR MEMBERSHIP

[A] Applicant's details

Full Name (please print)		
Preferred name for name badge		
Home Address		
Phone – Home	Phone – Work	Phone – Mobile
Occupation		
E-mail address		Date of Birth (optional) / / 19

[B] Class of Membership (please tick one box)

Type of Member	Amount Due
Full Bowling Membership	\$275
Multi Membership (full membership atBowling Club)	\$110
Social (non-bowling – membership is for nine years)	\$22

To pay for your membership please deposit direct to our account; BSB 032 123 A/C No. 384741 or credit card over the bar.

[C] Declaration by Applicant

If you are or have been a member of any licensed club (bowling or otherwise), please state Club name/s:

Have you ever been suspended, expelled, or asked to resign from any Club? "YES" or "NO" (circle one)

If "YES", please state Club name: _____

ID must be shown: ☐ Driver's Licence No. _____ ☐ Or other: _____

ID sighted by (print member's name) _____ on / / 201_____

(Optional at this stage: I enclose membership fee of \$_____)

Signature of Applicant _____ Date: _____ / _____ / 20 _____

Proposer (print name) _____ Signature _____

Period of acquaintance: _____ years OR _____ months

Seconder (print name) _____ Signature _____

Period of acquaintance: _____ years OR _____ months

PRIVACY STATEMENT

The Seaforth Bowling Club Ltd. Is subject to the provisions of the Privacy Act 1988.

The personal information that you have provided on the Application for Membership overleaf will be used to process your membership application and/or renewal.

If you are applying for new membership, failure to provide all of the requested information may result in your application being rejected. The Club will not disclose your information to third parties (such as your State Bowls Association) except for the purpose of sending you information. These parties are also required by law to keep your personal information confidential and secure. The Club does not disclose your personal information to any other organisation or person unless there is a legal requirement to do so.

You have a right to access any personal information which the Club may hold about you, including the right to correct such information.

CONTROL SHEET

This section for Office Use only.

MEMBER'S NAME	<input type="checkbox"/> SMBC <input type="checkbox"/> SWBC	MEMBER No. (when allocated)	Bowls Australia (NIN Number)
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ITEM	ACTION	DATE	BY WHOM
1	If coaching considered necessary, date coaching commenced:		
2	If applicant has a "buddy" for guidance then coach to be advised. Name of buddy		
3	Coaching completed and player approved for regular play		
4	Membership Application completed and payment of subscription received by office.		
5	Application placed on noticeboard by office manager until next board meeting		
6	SMBC / SWBC President to present application form to board for approval		
7	Office to notify SMBC or SWBC secretaries of new member		
8	Welcoming letter sent to applicant from Chairman		
9	Member registered through Bowls Link and Bowls Australia National Identity Number (NIN) recorded above.		
10	Membership card received from Association		
11	Name badge ordered and when received presented to the member on a playing day by respective President or their representative		
12	Details entered into Club records by office		