



RETURN COMPLETED FORMS TO EITHER YOUR COACH OR INFO@LINDFIELDROLLERS.COM.AU

APPLICATION FOR MEMBERSHIP

Please complete the sections below using a BLACK INK Pen if possible:

TITLE: SURNAME: FIRST NAME:

PREFERRED FIRST NAME: DATE OF BIRTH:

OCCUPATION:

ADDRESS:

STATE: POSTCODE

EMAIL:

PHONE: (H) (W) (M)

EMERGENCY CONTACT NAME: PHONE:

EMERGENCY CONTACT CANNOT BE SOMEONE WHO ALSO ATTENDS THE BRIDGE/BOWLING CLUB, IN CASE, IN THE EVENT OF A FIRE, BOTH ARE PRESENT.

I wish to apply for (Please circle your required membership type below):

FULL or SOCIAL membership of LINDFIELD ROLLERS BOWLING CLUB, subject to the Memorandum and Articles of Association, rules and bylaws of the above Club and the Constitution of Bowls NSW Ltd

OTHER REQUIRED INFORMATION:

Are you a Member of a Bowling Club Y/N: If Yes, state Club(s) Name

Have you ever been a member of a Bowling Club Y/N: If Yes, state Club(s) Name

Have you ever been suspended, expelled, or asked to resign from any Bowling Club Y/N:

If so, please state the name(s) of the Clubs:

Do you intend to play Bowls Y/N:

I hereby agree to the following:

- Authorise the club to make any enquiries they deem necessary relating to my application.
- Agree to the club's constitution and bylaws as amended from time to time.
- Agree to the club communicating with me for the purpose of keeping me informed of the services and activities of the club in the form of "paper" or "electronic email" or "mobile SMS".

Unless there is a legal requirement, the club does not pass on to any outside third party, personal details contained in this application - as per the Privacy Act requirements.

Note: A copy of Lindfield Bowling Club's Constitution and By-Laws are available upon request.

I acknowledge reading and agree to the above statements.

SIGNATURE: DATE:

FOR OFFICE USE: Date Board Approval:	TAG:	DB:
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