

Bowls Membership

Application Form

FOR ALL MEMBERSHIP TYPES, PLEASE COMPLETE PART A (PLEASE PRINT CLEARLY)

(PLEASE CIRCLE ONE):	NEW / EXPERIENCED / JUNIOR	Title: Mr / Mrs / Miss / Ms			
First Name:	Preferred First Name:	Surname:			
Address:		P/C			
Date of Birth:	Telephone:	Mobile:			
Email Address:					
Contact Person in case of e	mergency:	Telephone/Mobile:			
Do you give permission for you	ur contact number to be given out to other bo	owlers via our Members Phone List: Yes /			
Occupation/Past Occupati	on:				
bowlers. You will receive up Please circle if you can help Would you like to receive or	If by one of our Accredited Coaches. Please to six free coaching sessions before continuous the club in any volunteer roles (turn over Club Newsletter electronically? Ilated quarterly. Please circle when you	er page for specific roles) Yes / No Yes / No would like your membership to begin from			
	1 July / 1 October / 1 January /	1 April			
PART B - TO BE COMPLETE	D IF YOU HAVE BEEN OR ARE A BOWLE	R AT ANOTHER CLUB			
If yes, do you intend to remain the second of the second o	r of another Bowls Club? Yes / ain a member of that Club? Yes / leclare? Cleveland / Other – (s ink National Identification Number (NIN I admission, suspended or expelled from	No specify)):			
PART C - TO BE COMPLETE	D BY ALL APPLICANTS				
Cleveland Bowls Club Inc		und by the Constitution and By-Laws on the following and a copy of these documents can be fo			
I give my consent for the pro District Bowls Association t	ovision of my personal information conta through Bowlslink.	ined on this form to National, State and			
Applicant's Signature		Date/			
Please note, a \$10 Nomir	 nation Fee (non-refundable) is require	ed when submitting this Application.			

Public Liability Insurance: Cleveland Bowls Club has public liability insurance up to \$20 million.

PLEASE TURN OVER PAGE

Your Privacy – Cleveland Bowls Club Inc. is committed to the privacy of your personal information. The Club will use the information that it collects from you to process membership applications and to provide its facilities and services to you.

If you are applying for Bowling Membership you consent that your personal information will be provided to National, State and District Bowls Associations through Bowlslink.

Please contact the Board Secretary if you have any questions regarding the privacy of your personal information held by the Club.

Cleveland Bowls Club Incorporated

How Can I Help The Club?

Clubs rely heavily on volunteer assistance. Your assistance in the running of the Cleveland Bowls Club is important for our future operations. We understand your time is important to you, therefore any help whether it be in the capacity of a large/small role or on a roster basis, is very much appreciated.

Newsletter	Umpire / Marker		Barefoot Bowls		
Promotions – Facebook/Other	Coaching	Corporate Bowls		te Bowls	
Administrative/Clerical	Raffles		Twilight Bowls		
IT (Website)	Repairs and Maintenar	nd Maintenance Burger & Bowls		Bowls	
Financial	Ground Maintenance		Bowls Events / Carnivals		
Membership	Club Uniforms	orms Social Selector			
Grant Writing	Sponsorship / Fundrais	sing	Competition Selector		
Bowlslink	Recycling		Bowls Admin – (Tues – Sat)		
Advertising – upcoming events	Administration – Club [Diary			
-	IT NAME	SIGNATURE		M/No	
PRIN	NT NAME	SIGNATURE		M/No	
PRIN	NT NAME	SIGNATURE			
econded by		SIGNATURE			
econded bySIGI		SIGNATURE _ Date: _		M/No	
econded bySIGI	FOR CLUB USE ON	SIGNATURE _ Date: _		M/No	

FOR CLUB USE ONLY									
\$10 Nomination Fee Received (attach receipt)									
By	(print name)	on		_ (date)					
To be Completed by Membership Secretary									
Membership Number:		Invitation lett	er sent/	<u> </u>					
Member Type: Male / Female	Full / Junior /	Non Declared	Coaching:	Yes / No					
Membership Fees Received:	/								
Entered into Bowlslink Database			Existing / New						
National Identification Number:		Password							
Card Requested Member emailed/advised of above (cc. Bowlslink Co-ordinator)									
Newsletter Advised Added to Members List & NOK List (Selectors Box)									
Completed by Secretary (Signatur		Date:	//						