



Social Membership Application

Cleveland Bowls Club Inc. t/a
CLEVELAND BAYSIDE CLUB
164 Middle Street Cleveland



Member # _____

USE BLUE OR BLACK PEN ONLY

Please circle: Mr Mrs Ms Miss Other _____

Given Names _____ Surname _____

Address _____ Postcode _____

Postal Address _____

Mobile _____ Landline _____

Email _____ DOB ____ / ____ / ____

Emergency Contact Name _____ Phone _____

Note: Proof of identity and date of birth are required for all applications

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

Declaration of Applicant

I hereby apply for social membership of Cleveland Bowls Club Inc. I declare that I am over the age of 18 years and, if accepted, I agree to abide by the Constitution and By-laws and all other rules and directions that may be from time to time imposed by Club management. I acknowledge that my application is not final until it is approved by the Club Board or delegate. Should my application be refused or terminated I will forfeit my membership card and all entitlements including those that I have accrued prior to my membership being rejected or terminated.

Signature _____ Date _____

Privacy Notice

By completing this membership application form, I acknowledge the following:

1. Cleveland Bowls Club Inc (CBC) collects the personal information about me included on this form. I understand that if this personal information is not provided it may result in CBC being unable to process and/or accept the membership application
2. CBC collects my personal information to inform me of its products and services, to provide discounts and special offers, to conduct research and to further develop its products and services
3. CBC will take reasonable steps to protect my personal information that they hold about me from misuse and loss and from unauthorised access, modification and disclosure
4. I understand that CBC, at times, will disclose personal information to their service providers including Australia Post and mail houses in a manner and purpose that conform with the Privacy Act
5. I understand I may contact the Club to access or correct my personal information, to stop CBC from sending me information about their products and services, seek clarification on this privacy notice or if I have a complaint.

Office Use Only

Date _____ Receipt No _____

Amount Paid \$ _____

Cash Eftpos Other (Circle one)

Proof of Identity Sighted

Drivers Licence Passport Other (Circle one)

ID Number _____

Received by: _____

Entered by: _____