



URAILDA BOWLING CLUB - MEMBERSHIP APPLICATION FORM

uraidlabowlingclub@gmail.com

Please circle title: Mr / Mrs / Ms

First Name: Last Name:

Address:

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Suburb: Postcode:

Date of Birth: Home Phone:

Mobile Phone: Email:

Were or are you a member of a previous Bowling Club? YES / NO

If Yes List club:

Are you accredited as a National Umpire? YES / NO

Are you an accredited National coach? YES / NO

Membership type

Full (\$225) New Member (\$105) Family (\$390) Social (\$60)

Preferred Payment Methods-

Cash or cheque: To the Treasurer in person (cheque by post to PO Box 132 Uraidla SA 5142)

EFT: Uraidla Bowling Club Inc. Bendigo Bank BSB 633 108 A/c 163954787. Ref. Your name

Bank deposit: To above account. (Ensure that you use Phone Number as reference, obtain a receipt and forward to Treasurer)

Declaration

I hereby:

- Authorise the club to make any enquiries they deem necessary relating to my application.
- Agree to the club's constitution and by-laws 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" "electronic email" or "mobile SMS"

Signature:

Date:

Note:

- 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.
- A copy of club's Constitution and By-Laws are available upon request.