PENRITH BOWLING & RECREATION CLUB

Ph: 4721 2515 Fax: 4721 8358

SOCIAL MEMBERSHIP APPLICATION FORM

MEMBERSHIP VALID UNTIL 30TH JUNE 2009 COST $5.00

The applicant is required to complete **all** details below. (**PLEASE PRINT CLEARLY**)

I, (Mr/Mrs/Ms) (SURNAME)

Other Names

Of (Full Address – Street No. and Street)

Suburb Postcode

Phone Number (Home)

Business (If different)

Mobile (If different)

Email Address

Date of Birth (eg. 14/11/1969)

/ /

Occupation

DECLARATION

I, the applicant as named on this form do fully understand that I cannot be elected as a member of this Club until the Board of Directors Meeting. I also understand that if for any reason the Board of Directors refuse the application, the membership fee will be refunded in full, and the Board is not required to give any reason for non acceptance. If accepted, I hereby agree to abide by the Constitution and/or Rules and By-Laws which may be enacted from time to time by the Board. I, the person named in this application do hereby declare that I am over the age of 18 years and that my personal details are true and correct.

Your personal information will be dealt with in accordance with the Club's privacy policy. A copy of the Club's privacy policy is available on request at the Club's office. Members who do not want to receive marketing offers through the mail, please tick the box below.

☐ *I do not wish to receive marketing offers through the mail from Penrith Bowling & Rec Club*

Signature of Applicant _____ Date _____

Signature of Proposer _____ Membership No. _____

Signature of Seconder _____ Membership No. _____

FOR CLUB USE ONLY (Staff must complete this section including staff initials)

DATE _____ **MEMBERSHIP NO.**

STAFF INITIALS _____ **ID CHECKED**