PENRITH BOWLING
& RECREATION CLUB
Ph: 4721 2515

FULL BOWLING MEMBERSHIP APPLICATION FORM

MEMBERSHIP VALID UNTIL 30TH JUNE 2025 – COST $100

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

First Name

Surname

Residential Address

Suburb Postcode

Phone Number (Home) Mobile (If different)

Email Address

Date of Birth (e.g. 30/11/1983)

/ /

Please tick if you a transferring bowler from another Club ☐

If so, what Club? _____

Please tick if you have you ever been suspended, or asked to resign from another Club? ☐

Please tick if you would like to receive information about gaming promotions & activities. ☐

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 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.

Annual Report – The Corporations Act 2001, allows the Club to provide members with their Annual Report electronically through our website rather than in printed form. This means that you will be able to view the Annual Report on our website, www.penrithbowling.com.au each year. Members who wish to still receive the printed version of the Annual Report, please advise the Club in writing. AGM notification will be given in writing, either electronically or by post.

Signature of Applicant _____ Date _____

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

DATE _____ **MEMBERSHIP NO.** _____

STAFF INITIALS _____ **RECEIPT NO**_____ **ID CHECKED** _____