



WOONONA BOWLING AND RECREATION CLUB Pty. Ltd.

# APPLICATION FOR SOCIAL MEMBERSHIP

Please complete form in block letters and a black / blue pen.

Membership:  \$10 - 1 YEAR       \$20 - 3 YEARS

I (Surname): (Mr, Mrs, Miss, Ms): \_\_\_\_\_

Given Names: \_\_\_\_\_

of (Full Address): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: Private: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

acknowledge that if my application is accepted to be bound by the provisions of the Memorandum and Articles of Association of the Company and all rules and by-laws of the Company.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Identification Sighted: \_\_\_\_\_

**\* PRIVACY POLICY**

This club is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Members, Visitors and Staff. We will not disclose your personal information unless there is a threat to life, health or safety. Your personal information may, with your permission, be used by the Club for marketing purposes. You also have the right to access the personal information we hold about you. For further information please contact the Club Administration.

**OFFICE USE ONLY**

Date Paid:	Amount:	Receipt No:
Accepted: <b>Yes / No</b>	Status:	Date:
Letter Sent:	Card Sent:	
ID Sighted:		

**WOONONA BOWLING AND RECREATION CLUB Pty. Ltd.  
SOCIAL MEMBERSHIP APPLICATION**

**THIS IS ISSUED AS AN INTERIM RECEIPT UNTIL YOUR APPLICATION HAS BEEN PASSED BY THE BOARD OF DIRECTORS. IF YOUR APPLICATION IS UNSUCCESSFUL A REFUND WILL BE FORWARDED.**

Name of Social Member: \_\_\_\_\_

Date: \_\_\_\_\_ Staff Member: \_\_\_\_\_



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