

WEST PYMBLE BOWLING CLUB LIMITED

APPLICATION FOR SOCIAL MEMBERSHIP

Title: (Mr Mrs Ms Miss Dr)

Surname: (Please use block letters)

Other names:

Full Address:

..... P/Code:.....

Date of Birth:

Phone Number: (H) Mobile: :

E-mail Address:

Social Member 1yr \$ 20.00

3yr \$ 50.00

How would you like to receive your **Annual Report?**

(Please tick one box only)

Option 1 Receive no Report

Option 2 Receive email notification to view on website

Option 3 Mail to the above address

Have you ever been suspended, expelled or asked to resigned from any Club (Bowling or otherwise) ... Yes / No.

If yes, state Club or Clubs

Privacy Requirements. Are you prepared to allow your telephone number to be printed in the club's Telephone List?... Yes / No.

I wish to become a Member of West Pymble Bowling & Sports and, if accepted, I hereby agree to be bound by the Constitution and Regulations of the Club and the Club Privacy Policy and any future amendments thereto.

SIGNATURE OF APPLICANT:

DATE.....

I.D. SIGHTED/TYPE

FEES of MEMBERSHIP ARE PAYABLE AT LODGEMENT OF APPLICATION

FOR CLUB USE ONLY

MEMBERSHIP : Accepted :. Yes / No.

Date :

Club No. :