

ADDRESS CORRESPONDENCE TO:
THE SECRETARY
PO BOX 56078
DOMINION RD. AUCKLAND 1446



14 Mont Le Grand Rd.
Mt Eden Auckland 1024
PH 09 630 0937 FAX 09 630 9075
EMAIL balbc@xtra.co.nz

APPLICATION FOR MEMBERSHIP

SECTION 1: PERSONAL DETAILS

Mr/Mrs/Ms/Miss/Other _____ Suffix _____

Surname _____ Christian Names _____

Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email Address _____

Date of Birth ____ / ____ / ____ Occupation _____ Gender M / F (circle)

SECTION 2: TYPE OF MEMBERSHIP (Please tick one only)

Full Member 1st Year Member Social Member

Casual Playing Member Associate Member

I have played bowls for _____ years and am currently graded as a _____

SECTION 3: REGISTRATION

I, _____ desire to become a member of the Balmorals Bowling Club Inc.

I declare that the information on this form is true and correct and I will abide by the Club Constitution, Rules and Code of Conduct. I am aware that a copy of these can be obtained from the Club Secretary.

Dated this _____ Day of _____, 201____ Applicant Signature _____

Nominated by: _____ Seconded By: _____

PRIVACY STATEMENT

The Balmoral Bowling Club Inc. collects information about you that you have provided in seeking membership of the Club. This information is provided to Auckland Bowls and Bowls New Zealand as per our constitution. You have the right to inspect your personal information held by the Club. Your personal information may be used by the Club for marketing services for the benefit of, and to improve our Club.

If you do not wish to receive marketing material and information please tick this box

VOLUNTEERING AT THE CLUB

The Club relies on the help of its members to keep the Club operating efficiently and providing maximum playing benefits for all. There are several opportunities to volunteer throughout the year. Your help where available is much appreciated.

OFFICE USE: Date Joined: ____ / ____ / ____ Date Approved: ____ / ____ / ____ Clearance Certificate: Y / N

Receipt No: _____ Membership No: _____