



Social Membership Application

Personal Details (Please Print)

Mr/Mrs/Miss/Ms

Surname..... Given Names.....

Date of Birth...../...../.....Occupation.....

Email.....

Mobile.....Home

Residential Address.....

.....

Postal Address.....

.....

Are You Currently a Bowling Club Member? (Please Circle) Yes/No

If yes, please state which club.....

Have you ever been suspended, expelled or asked to resign from any club? (Please Circle) Yes/No

3 Year Membership - \$25

1 Year Membership - \$11

Membership fees renewable before 31st May of year stated on membership card

Privacy Statement

The Port Macquarie City Bowling Club is subject to the provisions on the Privacy Act 1988. The personal information provided by you on this application & attached documents will be used to process your membership application. Failure to provide all the requested information may result in your application being rejected. You have a right to access and correct any of the personal information that the Club holds about you.

The Club does not disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or any other Club machine (not ATM's) may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about our services including entertainment, upcoming events, gaming and poker machine promotions and any other related services and promotions.

Please tick if you do not wish to receive information on entertainment, upcoming events, gaming & poker machine promotions or any other related services or promotions.

Signature of Applicant.....Date.....

Do you require an Annual Report? (Please Circle) Yes/No

Would you like to receive this report via email? (Please Circle) Yes/No

Name of Proposer.....

Period of Acquaintance..... Badge No.....

Proposer's Signature.....

Name of Secunder.....

Period of Acquaintance.....Badge No.....

Secunder's Signature.....

Office Use Only

Proof of I.D..... Amount Paid \$..... Membership No.....

Staff Initial.....

Port Macquarie City Bowling Club
4 Owen Street, Port Macquarie NSW 2444
Ph - 02 6583 1133 Fax – 02 6583 1461
ACN – 0010 56211 ABN – 71 001 056 211