

JUNIOR BOWLS AFFILIATION REGISTRATION FORM



PLAYER INFORMATION

Full Name :

Residential
Address :

Postal
Address :

Home Phone:

Mobile:

Email

Date of Birth :

 / /

Are you a current member of another Bowls Club? If yes what Club? _____

Are you a financial member of Bowls NSW? Yes No

If yes please provide membership number and expiry _____ / /

Do you require coaching? Yes No

PLAYER SIGNATURE: _____

AFFILIATION FEES

Please tick:

1 Year Full Male Junior Bowler \$10
 1 Year Full Female Junior Bowler \$10

LOCKER FEES

Please tick:

1 Year Port City Large Locker \$10
 1 Year Port City Small Locker \$10

PARENT INFORMATION

Full Name :

Residential
Address :

Postal
Address :

Home Phone:

Mobile:

Are you a financial social member of Port City Bowls Club? Yes No

If yes please provide membership number and expiry _____ / /

PRIVACY STATEMENT The Club is subject to the provisions on the Privacy Act 2014. The personal information provided by you on this application & attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your 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. For full details of the club's privacy and information requirements and uses, and how you can contact us, please see our Privacy Policy, available at www.portcity.com.au

DECLARATION

I hereby agree to abide by the Constitution and By-laws adopted by Port Macquarie City Bowls Club Ltd. I acknowledge that my membership status will be considered as pending until reviewed and approved by the Board Directors at next available board meeting. I understand during this status I am ineligible to participate in Club promotions.

PARENT SIGNATURE: _____

DATE: / /

OFFICE ONLY:

Parent Proof of ID: _____

Amount Paid: _____

Staff: _____

Membership No. _____

Date: _____ / _____ / _____