

# SOCIAL MEMBERSHIP APPLICATION



## Personal Details ( PLEASE PRINT )

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Mr / Mrs / Miss / Ms

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

Date of Birth: ..... Occupation: .....

Mobile: ..... Home: .....

Residential Address: .....

.....

Postal Address: .....

.....

 HELP US GO **GREEN** BY PROVIDING YOUR **EMAIL** TO RECEIVE MEMBERSHIP CORRESPONDENCE

Email: .....

Are you currently a Bowling Club Member? Yes / No

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

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

## Social Membership Fees ( PLEASE TICK )

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3 Year Membership - \$25

I'm an existing **Points Plus** card holder

1 Year Membership - \$11

Last 4 digits of Points Plus card: .....

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

## Privacy Statement

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The Port Macquarie City Bowling 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.

 HELP US GO **GREEN** BY ACCEPTING YOUR CORRESPONDENCE BY **EMAIL**

Port City is required to provide all members with a Notice of Annual General Meeting as permitted by the Corporations Act 2001.

Please tick if you would like to receive the Notice of AGM via email.

Do you require an Annual Report? Yes / No

Please tick if you would like to receive Annual Report via email.

Do you wish to receive information on entertainment, upcoming events or any other related services or promotions via email?

Please tick if you would like to receive promotional information via email.

**Signature of Applicant:** ..... **Date:** .....

Name of Proposer: .....

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

Proposer's Signature: .....

Name of Seconder: .....

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

Seconder's Signature: .....

## Office Use Only

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Proof of ID: ..... Amount Paid: \$.....

Membership No: ..... Staff Initial: .....