



Culburra Bowling & Recreation Club Ltd

ABN 62 000 949 342

APPLICATION FOR MEMBERSHIP FORM

SURNAME

FIRST NAMES Mr / Mrs / Miss / Ms

STREET ADDRESS

TOWN / CITY POST CODE

POSTAL ADDRESS IF DIFFERENT FROM ABOVE

..... POST CODE

EMAIL

DATE OF BIRTH ___/___/___

TODAY'S DATE ___/___/___

PHONE NUMBERS.....

(Home)

(Business)

(Mobile)

OCCUPATION NEXT OF KIN

1. If you have ever been suspended, expelled or asked to resign from another Club?
 Yes No If yes, state Club or Clubs

2. How you would like to receive the Club Annual Report
 No Annual Report (View via website) By Email Hard Copy by Post

3. The length of membership you wish to have 1 yr (\$5.50) 3 yr (\$15)

PLEASE READ PRIVACY STATEMENT ON REVERSE BEFORE SIGNING

If my application is granted, I agree to be bound by the Memorandum and Articles of Association of the Club and the By-Laws thereunder.

SIGNATURE **DATE:** ___/___/___

PRIVACY STATEMENT

The Culburra Bowling and Recreation Club Limited is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you on this application for membership 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 the right to access and correct any of your personal information that the Club holds about you.

The Club does not usually 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 other Club machine (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with latest information about those services and any other new related services and promotions.

If you do not wish to receive marketing material and information about our Club promotions, Gaming and Services please tick the box

PAYMENT DETAILS

Amount Paid \$..... Date ____ / ____ / ____ Receipt Number.....

Form of Identification.....

Staff Signature.....

OFFICE USE ONLY

Date ____ / ____ / ____

Membership # Assigned.....

Staff Signature.....