

CASTLE HILL BOWLING CLUB LIMITED  
ACN 000 932 758  
BOWLING MEMBERSHIP - APPLICATION FORM  
Telephone (02) 9634 2192 Fax (02) 9894 7521  
www.castlehillbc.com.au

I (Name in full) Mr. Mrs. Ms. \_\_\_\_\_

Of (FullAddress) \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Numbers: Private: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**MEN'S BOWLING CLUB**

**WOMEN'S BOWLING CLUB**

I wish to become a Full Bowling Member of the Castle Hill Bowling Club Limited and agree to be bound by the Constitution and By-Laws of the Club. I am over 18 years of age.

Date of application -----/-----/-----

Provisional Membership is granted and expires -----/-----/----- (6 weeks duration)

The following information is required:

Are you a member of a Bowling Club? Yes / No If yes, state Club or Clubs \_\_\_\_\_

(Note: If you have previously been a member of a Bowling Club you may need to provide a Clearance Certificate)

Have you ever been a member of any Club? (Bowling or otherwise) Yes / No

If yes, state Club(s) \_\_\_\_\_

Have you ever been suspended, expelled or asked to resign from any Club? (Bowling or otherwise) Yes / No

If yes, state Club(s) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Proposer (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Mem No. \_\_\_\_\_

Name of Seconder (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Mem No. \_\_\_\_\_

Proposer and Seconder for Bowling Membership must be Bowling Members.

Item 1: PRIVACY INFORMATION

A register of all members' names, addresses, occupations, phone numbers, and where appropriate E-mail addresses, will be maintained by the Club Secretary. This information shall be held in accordance with the information privacy principles contained in the Privacy Act of 1988.

The Board of Directors choose to issue a regular update of our Full Bowling Member's handbook, along with other publications, and to include in these the names and telephone numbers of each member. This information can only be included on the written approval of each individual member, in accordance with the above-mentioned Privacy Act. Accordingly, would you please indicate your approval, to the following question, and sign your name to indicate your requirement.

My willingness to have details published or not is indicated immediately below.

Please circle.. YES / NO

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Item 2: RIGHT OF INDIVIDUAL CLASSES OF MEMBERSHIP

• Bowling Member shall be entitled to all the playing and social privileges and advantages of the Club, shall be entitled to attend and vote at any meetings of the Club, and shall be eligible to be nominated for, stand for, and be appointed as a Director of the Club.

Annual Subscription Fees - Payable with this application

MEN            \$176.00

WOMEN        \$145.00

**FOR CLUB USE ONLY**

Clearance Certificate where required, state if sighted. Yes / No

Membership Accepted : Yes / No            Class: Full Bowling Member            Date \_\_\_/\_\_\_/\_\_\_

Sub Section Advised:            Men's Section             Women's Section

Date Paid: .....            Receipt # .....            Membership No. ....

Club Officers: Signatures ..... Club Ltd. .... Sub Club