

Membership Application

I hereby apply to join the Pakuranga Bowling Club Inc as a:

Full Playing Member [] Restricted Member []	Associate Member [] Social Member []
Title: Mr. Mrs. Ms. Miss. (Circle one) Name:	
Address:Postcode:	
Phone: Daytime Evenings	
Mobile: Email:	
Date of Birth: Occupation:	
You will be requested to assist the club. Please indicate the areas you will be willing to assist in: Kitchen [] Bar [] Maintenance [] Gardens [] Lawns [] House [] Bowls [] Other [] Please advise:	
Have you been a member of another bowling club? Yes / No	
If yes, type of membership: Grading:	
Name of Club Clearance report received Yes Disclosure under the	
 Personal details such as Members name, address & telephone be displayed in the Clubhouse &/or circulated to other member will be retained for internal club use only. 	number will be included on the membership lists which may
2. As a condition of its affiliation to Bowls NZ, the club is required number (if relevant) & office held (if relevant) of all members	
> To be kept as part of the Centre records including Centre le	vy purposes.
 For publication & distribution in the Centre handbook (if ne To enable the Centre to disclose the information to potential 	
sponsorship for the centre.	
	IZ in accordance with the requirements of the constitution of potential sponsors (if necessary), for the purpose of obtaining
Nominated By: (Name) (Must be a member of Pakuranga Bowling Club)	
Seconded By: (Name) (Must be a member of Pakuranga Bowling Club)	
Applicant's Signature: OFFICE USE ONLY:	
Dated Posted on Notice Board: Expiry Date of Notice	
Membership Approved Yes/No Date	: