

New Lynn Bowling Club (Inc)

3 Reid Road, P.O.Box 15-418, New Lynn

Ph: 09 827 1368 Fax: 09 826 3257 Email: bowlnewlynn@extra.co.nz

Application for membership

Section 1 - Personal Details

Mr/Mrs/Ms/Miss/Other _____

Surname: _____ Forenames: _____

Address: _____

Telephone(Hm): _____ Work: _____ Mobile: _____

Email address: _____

Date of birth: _____ Occupation: _____ Gender: M/F _____

Section 2 - Type of membership (Please tick one)

Full member _____ Associate member _____

Social member _____ 1st Year member _____

Collegiate member _____

I have played bowls for _____ years and am currently graded as _____

I was previously/am currently a member of Bowling Club.

(A clearance certificate from your present club, if any, is required with your application)

Section 3 - Registration

I, _____ wish to become a member of the New Lynn Bowling Club Inc. I declare that the information on this form is true and that I will abide by the club constitution, rules and code of conduct. I am aware that a copy of these can be obtained from the Club Secretary.

Signature of applicant: _____ Date: _____

Nominated by: _____ Seconded by: _____

Privacy Statement: The New Lynn Bowling Club Inc. collects information about you from the information you provide in seeking membership to the club. This information is also provided to Auckland Bowls and Bowls NZ as per our constitution. You have the right to inspect your personal information held by the club. Your Personal information may be used by the club for marketing services to improve the club.

If you do not wish to receive marketing material and information, please tick here __

Office Use: Date joined _____ Date approved _____ Receipt no: _____
Clearance certificate: Yes / No Membership card issued: Yes / No
Acceptance letter sent? _____