



MEMBERSHIP APPLICATION FORM

TITLE	MR / MRS / MISS / MS
NAME IN FULL	
ADDRESS	
	POSTCODE
HOME PHONE	
MOBILE PHONE	
EMAIL	
DATE OF BIRTH	___ / ___ / _____
OCCUPATION	

TYPE OF MEMBERSHIP BEING APPLIED FOR FOR ONE FINANCIAL YEAR (CIRCLE WHICHEVER APPLIES)

SOCIAL \$10	BOWLING FULL \$65	BOWLING SENIOR \$60	BOWLING JUNIOR \$55
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MEMBERS OF CLUB HILLSDALE ARE SUBJECT TO THE CONSTITUTION OF THE ROYAL NEW SOUTH WALES BOWLING ASSOCIATION AND THE MEMORANDUM AND ARTICLES OF ASSOCIATION AND/OR RULES AND BY-LAWS AND CODE OF CONDUCT OF HILLSDALE BOWLS AND RECREATION CLUB LTD. (CLUB HILLSDALE CODE OF CONDUCT AND BY-LAWS ARE ATTACHED). THE FOLLOWING INFORMATION IS REQUIRED.

ARE YOU A MEMBER OF ANY OTHER CLUB, INCLUDING BOWLING CLUBS?	YES	NO
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PLEASE STATE WHAT CLUB OR CLUBS

HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO RESIGN FROM ANY CLUBS (BOWLING OR OTHERWISE)?	YES	NO
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STAY UP TO DATE WITH PROMOTIONS, SPECIAL OFFERS, GAMING ACTIVITIES AND NEWS.

- YES, I WOULD LIKE TO RECEIVE PERIODIC INFORMATION FROM THE CLUB VIA MAIL OR SMS OR EMAIL
- YES, I WOULD LIKE TO RECEIVE A COPY OF THE ANNUAL REPORT (ALSO AVAILABLE ON OUR WEBSITE)

IN SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ THE CODE OF CONDUCT AND BY-LAWS OF CLUB HILLSDALE AND AGREE TO BE BOUND BY THEM. IDENTIFICATION MUST BE PRESENTED TO CLUB STAFF AND MAY BE PHOTOCOPIED FOR CLUB RECORDS ONLY.

SIGNATURE OF APPLICANT	DATE
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CLUB USE ONLY

APPROVAL DATE		PROCESSING DATE	
AMOUNT PAID		MEMBERSHIP NUMBER	
APPLICANT'S ID	DRIVER'S LICENCE	OTHER ID	