Club Hillsdale

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 (CIRCLE WHICHEVER APPLIES)

SOCIAL	BOWLING FULL	BOWLING SENIOR	BOWLING JUNIOR	SOCIAL BOWLING
$10	$65	$55	$45	$35

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
PLEASE STATE WHAT CLUB OR CLUBS		
HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO RESIGN FROM ANY CLUBS (BOWLING OR OTHERWISE)?	YES	NO
PLEASE STATE WHICH CLUB OR CLUBS		

IN SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ THE CODE OF CONDUCT AND BY-LAWS OF CLUB HILLSDALE (ATTACHED TO NOMINATION FORM) 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

CLUB USE ONLY

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

CONTACT US

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