## Appendix 1

## Membership Form

...... BOWLING CLUB INC.

Phone:	Fax:	Email:	
APPLICATION FOR MEMBERSHIP			
Section 1 – Pers	sonal Details		
Mr/Mrs/Ms/Miss/	Other		Suffix:
Surname:	rname: Christian Names:		
Address:			
Telephone (Hom	e): (wor	k)·	Mobile):
			·
Date of Birth:	Occupation	า:	
Emergency Cont	act:	Teleph	none:
Section 2 – Type of Membership (please tick one)			
Playing Member:	Non-Pl	aying Member:	Limited Playing Member:
Social Member: Student Member: Associate Member:			
Casual Playing Member: Other Memberships:			
I have played bowls for years and currently graded as			
I, desire to become a member of the Inc. I declare that the information on this form is true and correct and that I will abide by the club constitution, rules and code of conduct. I am aware that a copy of these documents can be obtained from the Club Secretary.			
Dated this	lay of20	2_ Signature of A	Applicant
Nominated by:		Seconded by:	
<b>Privacy Act:</b> The Club, Centre & Bowls New Zealand will use information collected for the purpose for which it is collected and for such other secondary purposes that are related to the primary purpose of collection. We generally use personal information to communicate directly with members, complete delivery of our products and services to you and to help manage and enhance our products and services. Members have the right to seek access to personal information held about them and must advise Bowls New Zealand through the Club Information Officer/Secretary of any inaccuracy or changes. There are some exceptions to this right set out in the Privacy Act. If you make an access request, we will ask you to verify your identity and specify what information you require.			
Office Use: Da	ite Join	Date Approved	_ Clearance Certificate Yes No
Re	eceipt No	Membership No.	_