

OHOPE BOWLING CLUB INC

HARBOUR ROAD, OHOPE

Please address all correspondence to:

The Secretary
P.O. Box 3077
OHOPE 3120

Date...../...../20.....

I hereby apply for membership of the OHOPE BOWLING CLUB on the basis of: (tick the box)

Full Playing Member \$180 per annum

Limited Member \$130 per annum

Student Member \$40 per annum

Non Playing Member \$25 per annum

Full Name.....

Residential Address.....

Phone Number (07)..... Email Address.....

Next of Kin.....(Name) Phone ().....

Previous Club.....

Position (please circle) Lead / Two / Three / Skip

Number of years played.....

I enclose a Clearance Certificate from my last club (if transferring from another club): Yes / No

..... NB: A new member is entitled to play 5 games before
Signature of Applicant subscription is due.

I,Being a financial member, wish to nominate the above person.

Phone (07)..... Signature

Seconder.....Phone (07).....

Signature.....

DISCLOSURE UNDER PRIVACY ACT 1993 - Please read

1. Personal details such as member's name, address and telephone numbers will be included on membership lists which may be displayed at the clubrooms and / or circulated to other members.
2. As a condition of its affiliation to Bowls New Zealand, the Club is required to forward details of the name, address, telephone no. (if relevant) and office held (if relevant) of all members of the Club for one or more of the following purposes:
 - a. To be kept as part of the Bowls Bay of Plenty Centre records including Centre Levy purposes.
 - b. For publication and distribution in the Centre handbook (if necessary)
 - c. To enable the Centre to disclose the information to potential sponsors (if necessary) for the purposes of obtaining Centre sponsorship
 - d. To enable the Centre to forward the information to Bowls New Zealand for the Association's own records and for disclosure to potential sponsors (if necessary) for the purposes of obtaining sponsorship for Bowls New Zealand.