

NEW BOWLING MEMBERSHIP 3RD QUARTER

Date:
Card No:
Less Social:
Amount Paid:
Emailed:
Copied:
Sign:
BQ Number:
Dual ND/ND:

TITLE:	GIVEN NAME:	PREFERRED NAM	ИЕ:
SURNAME:		SOCIAL MEMBER	RSHIP NO:
STREET ADI	DRESS:		
SUBURB: _		STATE:	POSTCODE:
POSTAL AD (if applica	DRESS:		
	•	STATE:	POSTCODE:
MOBILE:		HOME PHONE:	
EMAIL ADD	RESS:		DATE OF BIRTH://
PLEASE TIC	K IF YOU ARE NEW TO BOW	'LS 🗌	
OCCUPATIO	ON:	ID LICENCE/PENSION:	
NEXT OF KI	IN:	PHONE NO:	
CONSENT TO	MY DETAILS BEING INCLUDED IN	THE BOWLERS TELEPHONE DIRECTORY (PLEASE O	CIRCLE): YES/NO
N THE EVENT	OF ILLNESS OR DISABILITY, I CON	SENT TO BE CONTACTED BY WELFARE OFFICER	(PLEASE CIRCLE): YES/NO
IF YOU AGREE	TO THE TERMS AND CONDITIONS	AS SET OUT BELOW, PLEASE SIGN AND DATE:	
	have re	ad and understood the conditions as set out belov	w for bowling membership and agree to
		applicable regulation and hereby submit my applic	
	PRINT NAME	SIGNATURE	DATE

PLEASE READ

Membership applies from January 1st to 31st December of each year. Club Tweed is subject to the provisions of the Privacy Act 1998. The personal information provided by you on this form will be used to process your membership application. Failure to provide all the requested information may result in your application being rejected. Applications are subject to approval. The Club may collect personal information about members, whether from members, or third parties, for the purposes associated with those members' memberships and activities of the Club. The Club may deal with personal information in accordance with the Club's privacy policy as amended from time to time. You have the right to access and correct any of your personal information that the Club holds about you. It is a requirement by law to provide a home address and show identification. You consent to receiving marketing materials, advertising materials and other offer materials from Club Tweed including but not limited to material relating to birthday rewards, prize draws, promotions, entertainment, food, beverage, gaming machines, gaming and the Gold Star Rewards Loyalty program. Your consent may be withdrawn at any time by contacting reception. Your consent given by this form is valid until your membership is due to be renewed. At that time you will be asked to provide further consent. Player activity statements are available upon request.

PLEASE SELECT MEMBERSHIP TYPE ON REVERSE SIDE •



Joined:
History:
Clearance:
Phone Book:
Form 2:
Welfare List:
OFFICE USE ONLY

	AMOUNT [(Includes G						
2024 BOWLING A	\$60.0	•					
BOWLS JUNIOR	\$2.00	(Parent or Guardian's Signature of Consent is require	d)				
Do you require a locker?	\$6.60	Locker Number Issued FOR OFFICE USE ONLY					
1	I declare for Club Tweed.						
*Fee includes all compulsory joining and							
DUAL BOWLING -M	EMBER OF A	NY OTHER BOWLING CLU	B IN AUSTRALIA				
	AMOUNT [
2024 DUAL BOWLING	(Includes 6 \$30.0	,					
Do you require a locker?	\$6.60	Locker Number Issued FOR OFFICE USE ONLY					
I declare that I have paid my affiliation and declared at Club in the state of Proof of							
affiliation may be required. PLEASE NOTE IF YOU CHANGE YOUR DECLARED CLUB YOU MUST INFORM THE BOWLS COMMITTEE.							
FLEASE NOTE IF TOO CHANGE FOOK DECLARED CLOD TOO MOST INFORM THE BOWLS COMMITTEE.							
BOWLING EXPERIENCE QUESTIONNAIRE PLEASE CIRCLE			EASE CIRCLE				
Have you been a registered bowler at another Club?			Yes/No				
If yes to question 1, have	Yes/No						
l am a transferring bowl	Yes/No/NA						
I have previously won an open championship at another club Yes/No							
I have previously won a B Grade singles Championship at another club Yes/No							
New Members book updated	Membership file u	pdated Birthday file updated	BQ membership updated				