

HOWICK BOWLING CLUB Inc.- MEMBERSHIP APPLICATION FORM

SURNAME		CHRISTIAN NAMES	
ADDRESS:			
TELEPHONE HOME	WORK	MOBILE	
EMAIL ADDRESS			
Date of Birth		OCCUPATION/PAST OCCUPATION	

TYPE OF MEMBERSHIP - Tick one (all prices include GST)

FULL MEMBER \$260 per year <input type="checkbox"/>	SOCIAL MEMBER -\$30 <input type="checkbox"/>
ASSOCIATE MEMBER \$75 per year <input type="checkbox"/> Name of full membership Club: _____	FIRST YEAR - \$60 <input type="checkbox"/>
<i>(Note I understand I must remain a full member of another NZ Bowls Club to qualify for Associate Membership)</i>	STUDENT MEMBER \$30 <input type="checkbox"/>
Note: If joining for the first time the full fee must be paid on Application. If the Application is rejected then a full refund will be made.	

EXPERIENCE (tick appropriate box)

I have previously belonged to a club YES NO If YES club name _____

CLEARANCE CERTIFICATE from last club attached I have been playing for _____ years

Final Year Grading Was Lead Two Three Skip

GENERAL

I am prepared to help in the club in the following areas (tick appropriate box)

COMMITTEE BAR GROUNDS UPKEEP OTHER _____

If you wish to purchase a club shirt please fill out the order form that can be obtained by the notice board.
Please note if you are representing the club in competition a current club shirt must be worn.

IMPORTANT

The application form will be used by the Howick Bowling Club Inc. to compile a membership list, which may be given to sponsors of the Club. By signing this application you will be deemed to have given consent to your name, address, telephone number and email address forming part of that list. You will need to apply to the club President for an exemption.

REGISTRATION :

I, _____ am applying to become a member of the Howick Bowling Club Inc. I declare that the information provided on this form is true and correct and that I will abide by the club Constitution, rules and Code of Conduct (a copy can be obtained from the club Secretary).

NOMINATED BY: _____ SECONDED BY: _____

PRINT NAME: _____ PRINT NAME: _____

DATED: _____ day of _____ 20_____

SIGNATURE of APPLICANT _____