**CHRISTIES BEACH BOWLING CLUB INC.**
**Smith Avenue, Christies Beach SA 5165**
**Ph: 8382 8311 Email**: christiesbeachbowlingclub@outlook.com
Website: christiesbeachbowls.com.au

## APPLICATION FOR MEMBERSHIP

I wish to apply for the following category of membership – please circle

**Full** **Associate** **Junior** **Student** **Social**

Mrs/Ms/Miss/Mr (please circle preference)

Name(s) ..... Surname .....

Address: .....

Suburb ..... Postcode .....

Phone ..... Mobile.....

Email ..... Date of Birth ...../...../.....

**JUNIOR PLAYERS** (18 or under) Parent/Guardian Contact Details:

Full Name ..... Contact No .....

**EMERGENCY CONTACT INFORMATION**

Full Name .....

Relationship to Member .....

Phone ..... Mobile ..... .....

Name of Former Club (if any).....

Division played in ..... Position(s) played .....

Have you applied for a clearance? Yes/ No Are you available for Pennants? Yes/ No

Nominated by: ..... being a full member of CBBC

Seconded by: ..... being a full member of CBBC

**I agree to abide by the Club Constitution and all rules of the club.**

Signature: ..... Date: ...../...../.....

**PRIVACY STATEMENT**

In accordance with the Commonwealth Privacy Amendment Act 2000, personal information will only be used in accordance with the purposes of Christies Beach Bowling Club Inc and Bowls SA.

**Official Use Only** Applicant accepted by Management Board: Date**: ...../...../.....**

**Fees to be paid: $ .....** Applicant advised by Secretary: Date: ...../...../.....