

MEMBERSHIP APPLICATION FORM

Please Print legibly so the Club can enter your details onto the database and create your card.
The information requested is required by the Registered Clubs Act.

Name		Gender	
Residential Address, State		Postcode	
Date of Birth			
Occupation			
Mobile & Landline			
Email	<i>Members are notified of all general meeting, upcoming events and promotions via Email and E-Newsletter. Please print legibly</i>		
ID check	ID type and number: (eg driver licence, passport) Please show your ID to staff member with this form and payment		
Sports club membership	<i>The Bangalow Bowling & Sports Clubs sponsor several local sporting clubs. Please print below which, if any, Bangalow sporting clubs you are a financial member of.</i>		

- I am applying to become a full (ordinary member) of the Bangalow Bowling and Sports Club Limited and request that my name be entered on the register accordingly.
- I understand and agree that the Club may use my membership details to collect data about my patronage of this Club.
- I agree to be bound by the constitution and by-laws of the club and am committed to the objectives of the Club.
- I agree to receiving all Club notifications, including notifications of General Meetings and the Annual General meeting, electronically and have provided my email address for this purpose:

I wish to apply for Membership: please tick box

 \$10

1 Year: 2021 or part thereof.

 \$25

3 Years: 2021 -2023 or part thereof.

Signed: _____

Date: _____

STAFF TO COMPLETE:

Name of staff member

Signature

Did you sight ID and does it match details given above Yes / No

Are all fields above LEGIBILE? If not, check details with applicant and make corrections

Member no. allocated:

Receipt no. allocated:

MEMBERSHIP RENEWAL FORM

Fill in orange section only.

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Name		Member Number	
Residential Address, State		Postcode	
Date of Birth			
Occupation			
Mobile & Landline			
Email	<i>Members are notified of all general meeting, upcoming events and promotions via Email and E-Newsletter. Please print legibly</i>		
ID check	ID type and number: (eg driver licence, passport) Please show your ID to staff member with this form and payment		
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 \$10

1 Year: 2021 or part thereof.

 \$25

3 Years: 2021 -2023 or part thereof.

Signed: _____

Date: _____

STAFF TO COMPLETE:	
Name of staff member	Signature
Did you sight ID and does it match details given above Yes / No	
Are all fields above LEGIBLE? If not, check details with applicant and make corrections	
Member no. allocated:	Receipt no. allocated: