



CLUB SUNBURY MEMBERSHIP APPLICATION **MEMBER NO.**

APPLICANT INFORMATION

Name: _____

Date of birth: _____ Home Phone: _____ Mobile: _____

Current address: _____

Suburb: _____ State: _____ Post Code: _____

Email Address: _____

MEMBERSHIP TYPE

Affiliated Member \$110 Student Member \$40 Junior Member (under 18) \$40 Social Member \$20

Bowls Victoria Affiliation (optional) \$55
Includes Northern Gateway Bowls Region

If I am accepted as a member, I agree to be bound by the constitution and rules the by-laws made thereunder. The use of all personal information supplied will be governed by the requirements of the Privacy Act, the clubs privacy policy and any other applicable legislation. I hereby declare that all information on this application form is correct. Our Privacy policy is located on our website www.clubsunbury.com.au
I understand that if I intend to BOWLS that I am required to attend a club induction session and the membership application will not be accepted until I have attended this session and the Board of Directors have accepted my application.

Dated this _____ day of _____ Year _____ Signed _____ (applicant)

*NEW MEMBERS - I nominate the above candidate to be elected as a **MEMBER** (not required for Social Member) of the Sunbury Bowling Club Name: _____ Member # _____ Signature: _____*

General Manager/Secretary Authorisation: _____ Date: _____

OPTIONAL INFORMATION

I primarily visit the Club for : Bowling Bistro Drinks Functions

Cuisines I enjoy: Asian Italian Indian Greek Seafood

Are you interested in playing Barefoot Bowls? Yes No Maybe

Tick this box if you do not wish to receive Marketing and Promotions material from Club Sunbury

PAYMENT OPTIONS

Mail: Cheque, Credit Card made payable to : Sunbury Bowling Club Inc PO Box 229 Sunbury VIC 3429

In Person: Cheque, Credit Card, Cash to: Sunbury Bowling Club Inc PO Box 229 Sunbury VIC 3429

Telephone: 03 9744-1211 credit card only **Direct Deposit:** BSB 083-346 Account: 516062181 (mark membership on details)

Cheques and Money Orders should be attached to this form. (Please tick your method of payment)

Visa MasterCard Cheque Cash

Card Number: _____

Card Expiry Date: _____

Card Holders Name: _____

Card Holders Signature: _____

OFFICE USE ONLY

Staff: _____

Date: _____ Receipt: _____ Updated: _____

