



# Belconnen Bowling Club Inc

ABN 17 103 400 705

Beetaloo Street  
Hawker ACT 2614  
Phone: (02) 6254 2157  
Fax: (02) 6278 3379

PO Box 4103  
Hawker ACT 2614  
Website: [www.belconnenbowlingclub.com.au](http://www.belconnenbowlingclub.com.au)  
Email: [bbc.admin@grapevine.com.au](mailto:bbc.admin@grapevine.com.au)

## MEMBERSHIP APPLICATION FORM

### GUIDANCE NOTES:

1. Annual subscription fee to be paid on application.
2. Payment of fees does not entitle Applicant to member privileges until application is approved and membership card has been issued.
3. **All** applicants must provide proof of identity when lodging application - the following documents only are accepted: valid passport; current drivers licence; or current proof of age card.
4. **Playing member applicants** – if you are now, or have ever been, a playing member at another club, it is your responsibility to obtain a clearance which should be submitted with this application
5. Upon completion of the form, payment may be made at the Club.

### FULL RIGHTS MEMBERSHIP:

**Ordinary Playing:** A Member in this category is entitled to all rights as provided by the Club's Constitution provided the applicant for full rights membership is 18 years of age or older when applying.

### RESTRICTED RIGHTS MEMBERSHIP:

- ▶ **Student Playing:** Full-time students aged 18 years or over but under 25 years of age, upon presentation of Student ID Card, may apply for this category of membership. A Member in this category does not have any voting rights.
- ▶ **Junior Playing:** A playing member who has not yet attained the age of 18 years. A Member in this category does not have any voting rights.
- ▶ **Pensioner:** A person in this category has the right to bowl only on social bowling days or as determined by the Committee.
- ▶ **Social:** A Member in this category will have the right to vote after current membership in excess of one year, but does not have the right to bowl other than in circumstances determined by the Committee.
- ▶ **Temporary:** A Member in this category does not have the right to vote, nor the right to bowl unless the Member is a registered playing member at another bowling club, or in circumstances determined by the Committee.

### Privacy Statement

The Belconnen Bowling Club is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you in this form will be used to process your Membership Application. This includes providing your information to Bowls ACT and Bowls Australia where appropriate. Failure to provide all of the requested information may result in your application being refused. You have a right to access and correct any of your personal information held by the Club.

Members of the Club may be given your telephone numbers only. Otherwise the Club does not disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club's detailed Privacy Policy is available at the Club and on the Club's website.

# APPLICATION FOR MEMBERSHIP

(PLEASE ANSWER ALL QUESTIONS AND PRINT CLEARLY)

I hereby seek grant of membership of the Belconnen Bowling Club Inc. in accordance with the provisions of the Club's Constitution, and provide the following information:

## MEMBERSHIP TYPE (TICK RELEVANT BOX)

- ORDINARY PLAYING  
 STUDENT PLAYING  
 JUNIOR PLAYING  
 PENSIONER  
 SOCIAL  
 TEMPORARY  
 1 YEAR  
 3 YEARS

<b>SURNAME</b>			
<b>GIVEN NAMES</b>		<b>PREFERRED NAME</b>	
<b>TITLE</b>		Mr/Mrs/Ms	
<b>DATE OF BIRTH</b>	/ /	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<b>OCCUPATION</b>	If retired, please include former occupation		

<b>RESIDENTIAL ADDRESS</b>		
	<b>STATE</b>	<b>POSTCODE</b>

<b>TELEPHONE</b>		<b>HOME</b>		<b>MOBILE</b>	
------------------	--	-------------	--	---------------	--

<b>EMAIL</b>	
--------------	--

**ARE YOU A CURRENT MEMBER OF ANOTHER BOWLING CLUB?**  
 YES  NO **IF YES, NAME OF CLUB**

**HAVE YOU EVER BEEN REFUSED MEMBERSHIP, SUSPENDED, EXPELLED OR OTHERWISE EXCLUDED FROM ANY CLUB?**  
 YES  NO

I certify that the information I have provided in this application is true and correct.  
I agree to abide by the Club Constitution and any By-Laws that may be in force from time to time.  
I have read and accept the terms of the Club's Privacy Policy.

<b>SIGNATURE OF APPLICANT</b>	<input type="text"/>	<b>DATE</b>	/ /
-------------------------------	----------------------	-------------	-----

## OFFICE USE ONLY:

<b>ID sighted</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Type</b>	<input type="text"/>
<b>Number</b>	<input type="text"/>	<b>Place of Issue</b>	<input type="text"/>

**Application Approved by Delegate/Committee**  YES  NO

<b>Signature</b>	<input type="text"/>	<b>Date</b>	/ /
<b>BBC Membership No</b>	<input type="text"/>	<b>Card Issued Date</b>	/ /