



Uralla Bowling & Recreation Club Ltd

Corner Queen & Hill Sts Uralla 2358

Phone: 02 67784192

PO Box 4 Uralla 2358

email: enquiries@urallabowlo.com.au

President: Alan Rummery

Secretary/Manager : Fred Geldof

Application for Membership

Personal Details All Questions must be answered.

Full Name: _____

Postal Address: _____ Town: _____ P/Code: _____

Residential Address: _____ Town: _____ P/Code: _____

Phone No: _____ Mobile No: _____ E:mail: _____

Date of Birth: ___/___/___ (Note proof of age may be requested) Occupation: _____

The following information is also required.

I allow Uralla Bowling & Recreation Club Ltd to use the above information for marketing. (This information will not be provided to a third party unless required by law). YES/NO.

If Yes, I wish to receive marketing information by

- | | | | |
|--------------------------|--------------|---|---------------------------------|
| <input type="checkbox"/> | Surface Mail |) | |
| <input type="checkbox"/> | E-Mail |) | More than one box may be ticked |
| <input type="checkbox"/> | SMS |) | |

The Corporations Act allows members to opt out of receiving notices of meeting and annual reports by surface mail, and members may elect to access this information electronically. Do you wish to access such information electronically? Yes/No

Privacy Statement

The above information is required to comply with Section 15.4 of the Constitution of Uralla Bowling & Recreation Club Ltd, and the Registered Clubs Act 1976. Unless indicated above this information may be used for marketing by Uralla Bowling & Recreation Club Ltd. This information will not be disclosed to any other party unless required by law and will be treated in confidence.

In making this application I agree to be bound by the Constitution of Uralla Bowling & Recreation Club Ltd, and its By-Laws. In addition I understand Uralla Bowling & Recreation Club Ltd adopts Responsible Service of Alcohol and Responsible Gaming Policies. To this end I agree to abide by the House Policy of Uralla Bowling & Recreation Club Ltd, and follow any reasonable instruction from staff in implementing this policy. Furthermore, I understand that my failure to abide by these policies may lead to

This application needs to be endorsed by a nominator and seconded. Both these persons are to be financial members of 12 months standing of Uralla Bowling & Recreation Club Ltd. (Please note staff cannot nominate or 2nd this application for membership)

I _____, wish to nominate the above mentioned person for membership to Uralla Bowling & Recreation Club Ltd.

Signed: _____ Member No: _____ Date: ___/___/201__

I _____, wish to second this nomination for membership to Uralla Bowling & Recreation Club Ltd.

Signed: _____ Member No: _____ Date: ___/___/201__

<p>Office Use</p> <p>Paid \$ _____ Date ___/___/___ Receipt No: _____</p> <p>Member Number Allocated: _____</p>
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