



# Killara Bowling Club Limited

ABN 12 000 097 807

6 Arnold Street, Killara 2071 Tel/Fax 9498 2633 [admin@killarabowlingclub.com.au](mailto:admin@killarabowlingclub.com.au)

## MEMBERSHIP APPLICATION

Mr/Mrs/Miss/Ms/Dr <b>PLEASE CIRCLE</b>
Surname:
Given Name:
Preferred Name:
Date of Birth (D/M/Y):
Email Address:
Residential Address:
State:                      Postcode:
Preferred Tele #:
Alt Tele # (optional):
Occupation:
Previous Occupation (optional):
Within the past 5 years have you been a bowling member of another club? YES / NO <b>PLEASE CIRCLE</b>
If YES, please give: Club Name:                      State: Royal / WBNSW No.
Have you ever been suspended, expelled, or asked to resign from another Club, Bowling or otherwise? YES / NO <b>PLEASE CIRCLE</b>
If YES, please give Club Name:

Membership Type: <b>PLEASE CIRCLE</b> Full / Associate / Social/ Junior
<b>I hereby agree to the following:</b>
<ul style="list-style-type: none"> <li>• The Club may make any enquiries necessary in relation to my application.</li> <li>• If accepted as a member, agree to abide by the Club's Constitution and By-Laws of Killara Bowling Club as may be amended from time to time.</li> <li>• Agree to the Club communicating with me in the form of paper, email or SMS.</li> <li>• My name, address and phone number may be included in the member list for the use of our members.</li> </ul>
Unless there is a legal requirement, the Club does not pass on to any outside third party, personal details contained in this application – as per the Privacy Act requirements.
<b>Signature of the Applicant:</b>  Date: / /
<b>Proposer's Name:</b>
<b>Period of Acquaintance:</b>
<b>Proposer's Signature:</b>  Date: / /
<b>Seconder's Name:</b>
<b>Period of Acquaintance:</b>
<b>Seconder's Signature:</b>  Date: / /

**FOR OFFICE USE ONLY**

Notice Display: \_\_\_\_\_ / Date Board approval: \_\_\_\_\_ / Letter of Confirmation: \_\_\_\_\_  
 Subscription received: \_\_\_\_\_ / Member Locker No. \_\_\_\_\_ / Database updated: \_\_\_\_\_