

APPLICATION FOR MEMBERSHIP

East Maitland Women's Bowling Member

MEMBERSHIP TYPE: FULL BOWLER \$76 FULL PENSIONER BOWLER \$71						
Memberships expire at the end of the	Financial Year (30 June)					
MRS MISS MS	SURNAME:					
GIVEN NAME(S):						
DATE OF BIRTH:						
STREET ADDRESS:						
SUBURB:		STATE:	POSTCODE:			
POSTAL ADDRESS (if different):						
SUBURB:		STATE:	POSTCODE:			
HOME PHONE:		MOBILE:				
EMAIL:						
Do you intend to play Pennants or Cham	npionships?	PENNANTS	CHAMPIONSH	IIPS		
Are you a Bowling Member of another C			YES	NO		
If yes, which Club(s)?						
Are you a Social Member of East Maitlan	nd Bowling Club?		YES	NO		
Membership Number:						
Would you like a concise Financial Repor	rt posted to you?		YES	NO		
Do you wish to receive general promotion	YES	NO				
Do you wish to receive general promotion	YES	NO				
Do you wish to receive gaming related promotional material from the Club from time to time? YES NO						
IMPORTANT NOTICE - CIVIL LIABILITY ACT 2002 (NSW) - RISK WARNING AND WAIVER All persons are warned that participation in Lawn Bowls and other recreational activities may involve the risk of personal injury caused by, for example, falls or physical exertion. It is a condition of entry to these premises and greens that any person who engages in Lawn Bowls and other recreational activities agrees to do so entirely at his or her own risk. By Order of the Board of Directors						
SIGNATURE:		DATE:				
"I desire to become a member of East Maitland Bowling Club and hereby agree to be bound by your Articles of Association and Rules or Laws made hereunder."						
SIGNATURE:		DATE:				
Date (receipt)		Membership #Receipt #Amount paid				
Application shocked and entere	ad in computer by (cianatura)					



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PRIVACY STATEMENT

East Maitland Bowling Club and Easts Leisure & Golf are subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form/application will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you.

The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

See www.embc.com.au for full Privacy Policy.

Help is close at hand. GambleAware 1800 858 858 or visit www.gambleaware.nsw.gov.au



NOMINATION FORM

East Maitland Women's Bowling Member

MRS MISS	MS SURNAME	:					
GIVEN NAME(S):							
DATE OF BIRTH:							
STREET ADDRESS:							
SUBURB:		STATE:		POSTCODE:			
POSTAL ADDRESS (if different):							
SUBURB:		STATE:		POSTCODE:			
HOME PHONE:		MOBILE	:				
EMAIL:							
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l,							
do hereby apply for Membership of East Maitland Bowling Club Ltd (Women's Club) and hereby declare that							
I will abide by the rules and regulations of said Club.							
Do you intend to play bowls?	? Yes	No					
NOMINATED BY:							
SECONDED BY:							
APPLICANT							
SIGNATURE:			DATE:				

NOMINATION FORM TO BE HANDED IN TO THE SECRETARY

Please contact The Secretary on Tuesday or Thursday mornings in East Maitland Bowling Club's Bowls Office to arrange an appointment

Phone 4033 4634

Help is close at hand. GambleAware 1800 858 858 or visit www.gambleaware.nsw.gov.au

East Maitland Bowling Club

Easts Leisure & Golf

Banks Street (PO Box 103) East Maitland NSW 2323

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