



pihabowling@gmail.com . CMB15, Seaview Rd, Piha,
Auckland, 0646 . (09) 8128845
www.pihabowlingclub.com

MEMBERSHIP APPLICATION FORM

I _____ (full name/s)

of _____ (address)

D.O.B _____ Email _____

Phone _____ Mobile _____

Please circle: **1. Full Member (\$80)** **2. First Year Member (\$40)***

3. Collegiate Member (\$10) **4. Social Member (\$35)** **5. Family Member (\$50) ***

I enclose a Clearance Certificate from my last club: YES / NO

Number of years playing bowls _____ Year commenced _____

If accepted I/We agree to abide by the rules and regulations of the Piha Bowling Club and pay my/our subscriptions when due.

Signed _____ **Dated** _____

Nominated by financial member _____

Seconded by financial member _____

Payments may be made by cheque, cash (when the club is open) or direct debit to bank account: 020 184 0020507 00

Please note: If for any reason the Piha Bowling Club does not accept an application for membership, any payments made will be reimbursed in full as soon as possible.

* First Year Membership will only be approved for people joining with the specific intention of playing bowls who have not played previously.

* Family Membership is for two adults (plus any number of dependent children under the age of 18 years). Both adults must be named on the form. We will not accept family membership forms unless both adult members are named on the form.

Privacy Act 1993: I _____ (full name)
have supplied the above information in support of processing my application and consequent enquiries to be made to join the Piha Bowling Club Inc, and also authorise its use for this purpose, including display in a membership list in the clubhouse and/or circulation to the membership including phone number. The information is to be retained for so long as it is required for this purpose and for the records of the Piha Bowling Club Inc and statistical returns for Auckland Bowls Inc and for Bowls NZ for capitation fees purposes. The information is given in terms of the privacy act 1993.

Signed _____ **Date** _____

NOTE: Social, Collegiate and Family Members DO NOT HAVE VOTING RIGHTS