



# Karingal Bowling Club Inc.

ABN 77 823 975 344

248 Skye Road Frankston 3199

Phone: 03 97890754 Email: [kbc@karingalbowls.com.au](mailto:kbc@karingalbowls.com.au)

## APPLICATION FOR MEMBERSHIP – AFFILIATED / JUNIOR

### APPLICANTS DETAILS

Mr Mrs Ms (Please Circle)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact and Phone No: \_\_\_\_\_

### CURRENT MEMBERSHIP FEES PAYABLE AT THE TIME OF APPLICATION.

Affiliated Member: \$130

Junior Member \$ Nil

**If clearing from another Club the Bowls Vic Clearance fee is \$20.00**

### Payment Methods

**Cash or Cheque:** To be attached with this application and given to bar staff or Committee person.

**Direct Debit:** Paid directly into our account. BSB: 033-138 Acc: 629558 with Ref your name.

### DECLARATION

I desire to become an Affiliated/Junior Member of the Karingal Bowling Club Inc. In the event of my admission as a member, I agree to be bound by the Constitution and the Rules of Bowls Victoria and of the Karingal Bowling Club Inc.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_ as a Member of Karingal Bowling Club Inc. propose the applicant for Affiliated Membership of this Club.

**SIGNATURE OF PROPOSER:** \_\_\_\_\_

I \_\_\_\_\_ as Member of Karingal Bowling Club Inc. second the applicant for Affiliated Membership of this Club.

**SIGNATURE OF SECONDER:** \_\_\_\_\_

OFFICE USE ONLY	
DATE REC:	_____
MEMB NO:	_____
CARD ISSUED:	_____
CLEARANCE:	_____
PAID:	_____

**PLEASE COMPLETE REVERSE OF FORM**

**CONFIDENTIALITY**

We will keep any information in your application confidential. We will make reasonable effort to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you to the extent specifically required by law or for the purpose of this agreement.

Are you a bowler? YES NO  
 Are you transferring from another club? YES NO  
 If so, please provide the name of the Club \_\_\_\_\_  
 Are you an Umpire or Measurer ? YES NO  
 Are you a registered coach: YES NO  
 If so, what level? \_\_\_\_\_  
 Have you played pennant before? YES NO  
 If so, what division & position did you play? \_\_\_\_\_  
 Have you won any club events in the past? YES NO  
 Have you ever been suspended by a club? YES NO

**PROPOSER OR SECONDER PLEASE COMPLETE BELOW WHERE APPLICABLE**

Date	Action	Completed	By Whom
	Application Received (Circle Full,Junior)		
	Is Payment received for Fees and Transfer ?		
	Is Transfer Completed or Not Applicable		
	Application placed on Notice Board		
	Application Recommended by Bowls Committee		
	Application Approved by Board Of Management		
	Entered In Data Base		
	Entered In Bluize		
	Registered With Bowls Victoria (BowlsLink)		
	Registered With Mornington Peninsula Division		
	Member Card Issued		
	Welcome Letter Sent or Phone call completed.		
	Is Coaching Required (New Bowlers Yes/No)		
	Coaching Arranged If Required or Not Applicable		