



NOMINATION FORM AND MEMBERSHIP APPLICATION

PART A

I,
of

Residential Address

Suburb Post Code

Hereby apply for membership of the West Lakes Bowling Club Inc. and if elected I agree to abide by the constitution, regulations and bylaws of the Club.

Postal Address

Suburb Post Code

Email Address

Telephone (h)

Telephone (m)

Proposed by
Signature Print

Seconded by
Signature Print

Sign Here
Applicants Signature Date

FOR CLUB USE ONLY

Date received by Secretary/...../..... Date displayed on notice board/...../.....

First considered by Management Committee/...../.....

Date of election/...../.....



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PART B

SUMMARY OF BOWLS EXPERIENCE

Please provide the Club with information about your form experience in the game of bowls.

Former Club/s.....
(if applicable)

Are you a registered bowler? Yes / No

If yes - what is your membership number
(if known)

If yes - with what club?

Have you applied for a clearance from that club yet? Yes / No

Years of bowling experience Preferred position in team

Division played last season Position played last season

Have you played Night Owls before? Yes / No

If you are a new bowler, free coaching will be provided.

Do you wish to take bowling lessons from one of the clubs qualified coaches? Yes / No

Please indicate which area/s of the game you would like to participate in

Saturday League (Men & Women) Yes / No

Wednesday League (Men only) Yes / No

Thursday League (Women only) Yes / No

Social Bowls (Men & Women) Yes / No

Are you a junior bowler? Yes / No

(Under 18 at the schedule completion of the national finals, usually November each year)

Are you a full time student? Yes / No

Are you available for practice on Thursday afternoon (Men) Yes / No

Are you available for practice on Tuesday morning (Women) Yes / No

Are you available for practice on Friday afternoon (All) Yes / No

Sign Here:
Signature Date



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PART C

This information is sought and recorded in order that the club can better service the needs of its members and those of the club

Date of birth/...../.....

Current Occupation
(If retired, please insert 'RETIRED' - then your previous occupation

Former Occupation.s

Husband/Wife/Partner Name

Former sports played
.....

Are you available as a volunteer from time to time, to assist the Club in any of the following areas?

- Club Management Yes / No
- Gardening Yes / No
- Monday Club Yes / No
- (General maintenance in and around the Club)
- Helping to prepare the greens Yes / No
- Helping with Night Owls Yes / No
- Helping with our junior program Yes / No
- Helping to run Club tournaments Yes / No
- Helping in the kitchen Yes / No
- Helping behind the bar Yes / No
- If yes, do you have:
- Responsible Service of Alcohol Yes / No
- Responsible Person Yes / No

What skills could you offer that may be of benefit to the club?.....
.....
.....
.....



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PART D

West Lakes Bowling Club Inc Privacy Policy

The West Lakes Bowling Club Inc respects the rights of individuals to determine to whom they give their personal information and how that information may be used or distributed.

No personal information which you provide about yourself, any of your family or close friends will be transmitted to any third party to be used for any purpose, except as explained herein.

The personal information you provide to this Club, whether on this form and/or at a later date, may be held in the Club records in written and/or electronic form.

The personal information will only be transmitted to third parties as follows:

- 1. Lakes Sports and Community Club Inc. to register you as a member with that body in order that you can enjoy the facilities at West Lakes
- 2. Bowls SA to register you as an active bowler in South Australia in such class as you request
- 3. To register you to play bowls in a bowls event for which you have nominated
- 4. As instructed by you.

In all cases, the minimum required personal information will be transmitted to any of the above parties, and those parties will be advised that the personal information is for registration purposes only and shall not be passed on to any other party for any purpose whatsoever.

If you have any concerns about the privacy of the personal information you have provided to the Club, want an explanation of how it is recorded or you wish to review the information held by the Club about you, please contact our privacy officer.

If you do not provide the information sought in Parts A and B of this document, the Club will be unable to provide you with the full rights and privileges of membership of this Club

I, (Applicant name - printed) understand the policy set above and agree that West Lakes Bowling Club Inc may collect, record and disseminate my information pursuant to the policy.

Sign Here:
Signature Date