



Karingal Bowling Club Inc.

ABN 77 823 975 344

248 Skye Road Frankston 3199

Phone: 03 97890754 Email: kbc@karingalbowls.com.au

APPLICATION FOR MEMBERSHIP – SOCIAL MEMBER

APPLICANTS DETAILS

Mr. Mrs. Ms. (Please Circle)

Full Name: _____

Address: _____

Postcode: _____

Telephone: _____ Date of Birth: _____

Email: _____

Mobile: _____ Occupation: _____

Emergency Contact: _____

CURRENT SOCIAL MEMBERSHIP FEES PAYABLE UPON ACCEPTANCE OF APPLICATION.

Social Member \$30.00

DECLARATION

I desire to become a Social Member of Karingal Bowling Club Inc. In the event of my admission as a Member, I agree to be bound by the Constitution and the Regulations of the Karingal Bowling Club Inc.

SIGNATURE: _____

DATE: _____

I _____ as a Member of Karingal Bowling Club Inc. propose the applicant for Social Membership of this Club.

Signature of Proposer: _____

I _____ as a Member of Karingal Bowling Club Inc. second the applicant for Social Membership of this Club

Signature of Seconder: _____

For Office Use Only	
Date Rec	
Type	
M/ No	
Card	
Paid	

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.

PLEASE COMPLETE REVERSE WHERE APPLICABLE

Date	Action	Completed	By Whom
	Application Received		
	Is Payment received for Fees (Cash,EFT,Chq,Other) (Please Circle)		
	Application placed on Notice Board		
	Application Approved by Board Of Management		
	Entered In Data Base		
	Entered In Bluize		
	Welcome Letter Sent or Phone Call Completed.		