

3 YEARS - \$24.00

Please circle

YES

Lake Conjola Bowling & Recreation Club Ltd

ABN 73 001 364 905

180 Lake Conjola Entrance Rd Lake Conjola NSW 2539 Ph (02) 4456 1272 Fax (02) 4456 1004 Email: conjolabowlo@netspace.net.au

APPLICATION FOR MEMBERSHIP

AT EIGATION ON MEMBEROTH	
Title Surname	Christian names
Street Address	
	Deptende
Suburb	State / Territory Postcode
Mailing address or "as above"	
Occupation	Date of birth
()	
Home phone number	Mobile phone number
English Long	
Email address	
Lwish to hereby apply for membership of Lake Coniola Bowling & Recrea	ation Club Ltd. I request you enter my name on the register of members as
an Ordinary member and I agree to be bound by the Constitution and any Rules, Regulations or By Laws of the Club.	
"Will you be playing bowls"	Yes No
Have you ever been expelled or suspended or had membership refus	├──
	Set at any onion dub:
If yes, please provide the name of club	
The Clubs financials report can be viewed on our website www.lakeconjolabowlingclub.com.au	
	•
Do you wish to receive the Annual Report: $ Y / N : $ Annual reports an	re emailed or you may download from Club's website
Signature of applicant	Date
Privacy Po	
The Lake Conjola Bowling & Recreation Club Ltd is subject to the provisions of the Privacy Act 1988. The personal information provided by you on	
	rmation 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 second secon	
	er organisation or person unless there is a legal requirement to do so. The under contract to the club. These contracts require the third party to keep
	n confidential and secure.
Office use	only
Drivers Licence 18+ id card Passport	
Photo Identification checked / type	Identification number Id checked by
 	
Member # Date joined	Receipt #
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1 YEAR - \$10.00 YES

Amt paid