



9 James Street, Redcliffs, Christchurch 8081

Phone: 384 3733

Email: info@clubredcliffs.co.nz

## APPLICATION FOR MEMBERSHIP

Full Playing      Limited Playing      Introductory      Student      Non-Playing      Winter  
*(Circle relevant membership category)*      (Social)

Full Name (Please print) .....

Address .....

..... Post Code .....

Contact Details      Phone .....      Mobile .....

Email .....

Have you played bowls before?      Yes / No

If yes – How many seasons in total have you bowled .....

Clubs where you have been a member (most recent first) .....

*Please provide a Clearance Certificate if you are resigning membership from your most recent club.*

Signature .....      Date. .... /..... /.....

Recommended for Membership by: ..... Proposer

..... Seconder

**1<sup>st</sup> year bowlers pay only a half subscription to assist new members to purchase the appropriate clothing, footwear and bowls**

**Note: Under the terms of the Constitutions of Bowls New Zealand and Bowls Canterbury the lists of club members may be passed on to their sponsors should they require them. This does not contravene the Privacy Act and you may receive information regarding their products from time to time.**

### For Secretary's Use:

Date received ..... /...../.....      Date approved by Board ..... /...../.....

Letter / Email sent ..... /...../.....      Database updated ..... /...../.....

Amount paid    \$.....      Invoice Number ..... /...../.....

Membership Card Number .....