

STUARTS POINT WORKERS RECREATION & BOWLS CLUB LTD

Ocean Avenue ♦ PO Box 23 ♦ STUARTS POINT 2441
Phone (02) 65690644 ♦ Fax (02) 65690591 ♦ Email: spwrbc@spwrbc.com.au

Application for Membership

NOTE: Proof of Name, Address and Date of Birth, must be produced upon application for membership

Please print your details bel	'ow:									
SURNAME: Mr/Mrs/N	liss/Ms:									
GIVEN NAMES:		•					,			
RESIDENTIAL ADDRI	ESS:		-							
		Postcode:								
POSTAL ADDRESS: (If different from residential addres	s)									
							Postcode:			
OCCUPATION:										
DATE OF BIRTH:		1 YR	OR	3 YR	MSHIP	(p	lease circle)			
PHONE NUMBER: (ho.	me)	(mobil	e):							
Have you ever been suspended from any Club? If Yes sta	or expelled Social/Country members te which Club		Kemps lice at a		nbucca shire	3S O	r vote or stand for			
of Directors Meeting following	e named nominee, do fully understand th g the expiration of fourteen days from th d Articles of Association of the Company,	e date hereoi	n. If d	uly electe	ed to the Cl	lub,	I hereby agree to			
In accordance with the rules u election as ordinary members week before their election."	nder section 30(2) (a) of the Registered (s of the club shall be displayed in a cons	Clubs Act: "Tl spicuous place	e nam on th	es and a e premis	ddresses of es of the clu	per ub f	rsons proposed for for at least one (1)			
form will be used to process you relected. You have the right to a	Club is subject to the provisions of the Privacy A or membership application. Failure to provide ocess and correct any of your personal inform or personal information to any other organisation	all of the requiration that the (iested li Club hol	nformation Ids about j	ı may result i you (this may	in ye Linci	our application being ur a small fee). The			
Your personal information may be about those services, any new rel	e used by the Club for marketing purposes to ated services and promotions.	o Improve our	services	s and to p	rovide you w	ith ti	he latest information			
SIGNATURE OF NOM	•	Date:								
guarantee the above perso	e undersigned, wish to nominate the nominate that it is not									
Nominated by: (print f										
Signature: Badge Number:							•			
Seconded by: (print fu	Il name)									
Signature:		Badge Number:								
	OFFICE USE O	NLY								
Date:	Membership Number:			ard Issue ollect Ca		/ /	Card to be issued Post Card			
Amount Paid:	Receipt Number:	,		ension igibility:						
Proof of I.D. Type:		****	I.E	D. Numb	er:					
Expiry Date:	Date of Birth:		St	aff Signa	ature:					