

# ONEHUNGA BOWLING CLUB (Inc)

146 Selwyn Street, Onehunga  
Phone 636 5449 - Fax 622 1689  
Email – bowlsonhunga@xtra.co.nz



## Membership Application Form

CLASS:                    Full                    Social                    Associate                    (circle one)

**Applicant's Name**

**Signature**

.....

**Address** .....

**Telephone: Home**.....**Work**.....**Mobile**.....

**Occupation**.....**Club**.....**Grade**.....

**Email Address** .....

**Date of Application** ..... **Date of Birth** .....

**Proposer Name** ..... **Signature** .....

**Secunder Name** ..... **Signature** .....

Full and Associate applicants **MUST** produce a **CLEARANCE CERTIFICATE** if not a first year player.

Proposer and Secunder must be **FULL** playing members

### DISCLOSURE UNDER PRIVACY ACT 1993

Personal details such as members' names, addresses and telephone numbers will be included on membership lists which may be displayed at the Club House and / or circulated to other members.

As a condition of its affiliation to Bowls New Zealand, the Club is required each year to forward details of the name, address, telephone number (if relevant) and office held (if relevant) of all members of the Centre for one or more of the following purposes:

- (a) To be kept as part of the Centre records including Centre levy purposes
- (b) For publication and distribution in the Centre Handbook (if necessary)
- (c) To enable the Centre to disclose the information to potential sponsors (if necessary) for the purpose of obtaining Centre sponsorship.
- (d) To enable the Centre to forward the information onto Bowls New Zealand in accordance with the requirements of the Constitution of Bowls New Zealand for the Associations own records and for disclosure to potential sponsors (if necessary)

