

# MEMBERSHIP APPLICATION FORM (a)

## CONSTANTIA BOWLING CLUB

*I hereby apply for membership of the above Bowling Club, and if accepted, I agree to conform to the Rules and Regulations of the Club, District Bowling Association and Bowls South Africa*

TYPE OF MEMBERSHIP : (Tick Box) FULL / PLAYING MEMBER  SOCIAL MEMBER

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FIRST NAME/S \_\_\_\_\_ SURNAME \_\_\_\_\_

ARE YOU A NEW BOWLER (NEVER PLAYED BEFORE) \_\_\_\_\_

IF YOU ARE A BOWLER, PLEASE FILL IN BELOW :

- Name of present club : \_\_\_\_\_
  - Name of past club : \_\_\_\_\_
  - Your BSA Number : \_\_\_\_\_
  - Graded playing position : \_\_\_\_\_
  - Number of years playing / played : \_\_\_\_\_
  - If you are an UMPIRE, please give your number : \_\_\_\_\_
  - If you are you a Coach, please give your COACH'S number : \_\_\_\_\_
  - Clearance Certificate from previous club attached \_\_\_\_\_
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PROPOSER'S NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

SECONDER'S NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

APPLICANT'S SIGNATURE : \_\_\_\_\_ DATED : \_\_\_\_\_

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Club Secretary Use Only :

- Date Membership Committee Approved : \_\_\_\_\_
- BSA Number \_\_\_\_\_ Tab Number Allocated \_\_\_\_\_ Member Number \_\_\_\_\_

# **MEMBERSHIP APPLICATION FORM (b)**

## **CONSTANTIA BOWLING CLUB**

I hereby apply for membership of the above Bowling Club and, if accepted, agree to conform to the Rules and Regulations of the Club, District Bowling Association and Bowls South Africa

FULL NAMES (Block Letters) .....

I.D. No: ..... Occupation: .....

Postal Address: -

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Postal Code.....

Telephone: (Home) .....(Work) ..... Cell.....

**E-Mail address:** -.....

Present Occupation .....If retired Past Occupation.....

*See the attached for guideline to membership annual subscriptions*

- As a matter of policy, you will be allocated a preliminary grading which will be at least one ranking below your present grading. This will be amended once your level of play has been assessed by those responsible for grading. A Clearance Certificate must be attached.

**Before placing this application on the board, the Secretary is required to introduce the Applicant to the Membership committee.**

President  Club Captain ( Men )  Club Captain ( Women )   
Secretary  Selection Convenor (Men )  Selection Convenor (Women)   
Financial Controller

*Submission of this Application should not be construed as an acceptance of Membership, and no reasons will be given should Membership be refused.*

***NB : POPI Act : (Protection Of Personal Information Act)***

*We wish to inform you that your phone contact numbers and your birth date (only day and month) will be shared with all club members. Your email address will be used for all club correspondence but not shared with club members. All personal information such as Identity number, residential address, email address and contact numbers will be stored on the BOWLS SOUTH AFRICA data base. Only approved administrators will have access to this information.*

**Applicant's Signature:** ..... **Date:** .....