

9 James Street, Redcliffs, Christchurch 8081

Membership Card Number

1 Phone: 384 3733 Email: info@clubredcliffs.co.nz

APPLICATION FOR MEMBERSHIP **Full Playing Limited Playing** Non-Playing **Casual Member** (Circle relevant membership category) (Social) (Winter Only) Full Nam (Please print) Address Post Code **Contact Details** Phone Mobile Email Have you played bowls before? Yes / No If yes – How many seasons have you bowled in total? 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. Date./...../....../ Signature Recommended for Membership by: Proposer Seconder 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 /....... /......./....... /...... Database updated /....... /....... Letter / Email sent \$....../....../....../......./ Amount paid

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