



# CNBACTRUC

## BOWLS MEMBERSHIP APPLICATION

<i>ID Check</i> <input type="checkbox"/> <i>Lic</i> <input type="checkbox"/> <i>POA</i> <input type="checkbox"/> <i>Passport</i> <input type="checkbox"/> <i>Card Printed</i> <input type="checkbox"/> <i>Entered</i> <b>Staff member:</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RUC Member # .....      Bowls Member # .....

1 Yr: \$150   
  Social: \$50.00   
  Dual: \$50.00   
  Student: \$35.00   
  Junior: \$25.00

M  F  N

<b>FIRST NAME:</b>	<b>SURNAME:</b>	<b>DATE OF BIRTH:</b> / /
--------------------	-----------------	------------------------------

<b>EMAIL:</b>	<b>PHONE:</b>
---------------	---------------

<b>ADDRESS:</b>		
<b>SUBURB:</b>	<b>STATE:</b>	<b>POSTCODE:</b>

I hereby apply for ordinary membership of The Canberra North Bowling and ACT Rugby Union Club Inc. I certify I am over 18 years of age. I understand that I will receive Club updates which will include information about exclusive discount offers, forthcoming events, competitions and prizes. Your personal information will not be shared with any 3<sup>rd</sup> party. All applications for individual membership must be referred by the club Secretary to the board of the club for approval. I agree that, if my application is approved, I will abide by the Rules, Constitution and Bylaws of the club.

**Declarations**

I acknowledge I have read and accept the Clubs privacy policy: <https://theruc.com.au/privacy-policy/> or hard copy at reception.

Are you now, or have you ever been, subject to disciplinary action by the CNBACTRUC resulting in suspension or cancellation of any membership?  Yes  No

Do you have concerns about gambling, have you ever been excluded from a gambling facility under a deed of exclusion or been questioned by an authorised Gambling Contact Officer regarding a potential gambling issue?  Yes  No

<b>SIGNATURE:</b>		<b>DATE:</b>
-------------------	--	--------------

**If you are a current member of a Bowling Club please complete the following details...**

<b>NAME OF CLUB:</b>			
<b>MEMBERSHIP PERIOD:</b>		<b>BOWLS AUST No:</b>	
Have you already paid the current years Bowls ACT registration fee? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you requested to transfer your membership from your current club? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**OFFICE USE ONLY**

<b>NOMINATOR:</b>	<b>SIGNATURE:</b>
<b>SECONDER:</b>	<b>SIGNATURE:</b>
<b>BMC APPROVAL:</b>	<b>DATE:</b>