



# Torrenville Bowling Club Inc.

80 South Road, Torrenville SA 5031

Phone: 84437104

Email: [secretary@torrenvillebc.com.au](mailto:secretary@torrenvillebc.com.au)

## Membership Application

Mrs/Ms/Miss/Mr (please circle preference)

First Name ..... Surname .....

Street address .....

Suburb ..... Postcode .....

Phone ..... Mobile .....

Email address .....

Date of Birth ...../...../.....

Gender (please circle) M / F

### MEMBERSHIP

Hereby apply for (please tick box):

- |                          |                      |       |  |
|--------------------------|----------------------|-------|--|
| <input type="checkbox"/> | Full Membership      | \$220 | - renewal of full membership or transferring from another club |
| <input type="checkbox"/> | New Membership       | \$110 | - new members that have never been a member of another club    |
| <input type="checkbox"/> | Associate Membership | \$60  | - social members or full members of another club               |
| <input type="checkbox"/> | Junior under 18      | \$60  | - \$0 if first year at the club                                |
| <input type="checkbox"/> | Student under 25     | \$60  | - \$0 if first year at the club                                |

All fees payable upon endorsement by the Board of Torrenville Bowling Club

### NOMINATION SUPPORT

I (Name)..... being a Full Member of the Torrenville Bowling Club

nominate (New Member) ..... as a Member of the Torrenville Bowling Club.

I (Name)..... being a Full Member of the Torrenville Bowling Club

second the above Nomination.

### MEMBER PLAYING DETAILS

Previous Club: .....

Years Bowling: .....

Division played last year: .....

Position played last year: .....

Preferred position: .....

---

**EMERGENCY CONTACT INFORMATION**

Full Name .....

Relationship to Member .....

Phone ..... Mobile .....

---

**JUNIOR PLAYERS (18 or under)**

Parent/Guardian Contact Details (other than Emergency contact above)

Full Name ..... Contact No .....

---

**PRIVACY STATEMENT**

In accordance with the Commonwealth Privacy Amendment Act 2000, personal information will only be used in accordance with the purposes of Torrensville Bowling Club Inc and Bowls SA and to provide you with quality service and programs.

---

**SIGNED .....**      **DATED ..../.../.....**

---

**CLEARANCE PROCEDURE**

1. The Member requesting a clearance, generates a Clearance Voucher through the online Bowls SA Events Desq form; (<http://bowlssa.com.au/Club-Assistance/Forms>) along with paying the nominated amount
2. Member prints the voucher
3. Member has the Administrative Secretary or President of their previous club sign the voucher
4. Member provides the signed voucher to Secretary of Torrensville Bowling Club

---

**Admin / Office Use Only**

Approved by Board: .....      Date:      ..../.../.....

Paid: .....      Receipt No.: .....

---