EDGEMEAD BOWLING CLUB

SOCIAL MEMBERSHIP APPLICATION FORM

ALL INFORMATION MUST BE COMPLETED IN BLOCK LETTERS AND THE FORM HANDED TO THE SECRETARY.
THIS FORM WILL NOT BE PROCESSED UNLESS ALL SECTIONS HAVE BEEN COMPLETED IN FULL.

PROTECTION OF PERSONAL INFORMATION (POPI) - MEMBERS ACCEPTANCE

1. I agree to provide EBC, WPB & BSA with my personal information, including my age, name, address, phonenumber, email address, a photograph of myself, ID Number, gender disability status & ethnic origin.
2. I understand that the information I provide will not be used for any Marketing or Trading Business outside of EBC, WPB, & BSA. I understand that my information will NOT be sold to any 3rd parties.
3. I agree to receive SMS / WhatsApps / Direct messages / Emails etc. with regards to EBC, WPB & BSA matters, using the information that I have provided.
4. I agree to receive phone calls with regards to Bowls SA matters, using the information I have provided.
5. I hereby give permission for EBC, WPB & BSA to hold and process my personal information on the EBC, WPB & BSA Database for statistical reporting and Membership control purposes.
6. I understand that my personal information provided, will be controlled by Information Officers who have been granted the relevant Club, District, Provincial and/or National access only.
7. I understand that I can call for any changes/history of my personal information through a request from the Information Officer at any time.
8. I hereby give permission for my photograph and/or video to be taken and published under all medias with the intent to promoting the game of bowls through EBC, WPB & BSA

Full name _____ **Signature** _____

I agree (Please tick) ☐ **Date** _____

APPLICANTS DETAILS

SURNAME _____ **FIRST NAMES:** _____
PREFERRED NAME _____

I.D. No.

ADDRESS: _____

_____

POSTAL CODE _____

CONTACT DETAILS :-

HOME NUMBER:										
CELL NUMBER:										
WORK NUMBER:										

EMAIL ADDRESS: _____

APPLICANTS SIGNATURE: _____ **DATE:** _____

PROPOSERS NAME: _____ **SIGNATURE:** _____

SECONDERS NAME: _____ **SIGNATURE:** _____

ARE YOU, OR HAVE YOU BEEN A MEMBER OF ANY OTHER BOWLING CLUB (S)? **YES** **NO**

IF SO, NAME OF OTHER CLUB (S) _____

ARE YOU IN GOOD STANDING WITH THE OTHER CLUB(S) **YES** **NO**

A COPY OF YOUR IDENTITY DOCUMENT MUST BE ATTACHED TO THIS APPLICATION AND MUST BE ACCOMPANIED BY THE FULL SUBSCRIPTION FEE.

EBC BANKING DETAILS : FIRST NATIONAL BANK , CODE 250655, ACC NO. 62011268332

FOR OFFICIAL USE

ACC NO : _____
RECEIPT NO: _____ **DATE:** _____
AMOUNT: _____
BALANCE: _____
TOTAL PAID: _____
INVOICE NO: _____

APPROVAL DATE: _____

TAB NO: _____

SIGNATURE _____
CHAIR PERSON