



## CONSTANTIA BOWLING CLUB



The Investment Specialists

### FULL PLAYING & DUAL MEMBERSHIP APPLICATION FORM

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

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

TYPE OF MEMBERSHIP: (Tick Box) FULL PLAYING ☐ DUAL ☐

I AM COMPLETELY NEW TO BOWLS (Circle) YES / NO

IF NO Name of present/past clubs: \_\_\_\_\_

Your BSA Number: \_\_\_\_\_ No. of years playing: \_\_\_\_\_

#### PROTECTION OF PERSONAL INFORMATION (POPI) – MEMBER ACCEPTANCE

1. I agree to provide CONSTANTIA BOWLING CLUB (CBC) with my personal information, including my age, name, address, phone number, email address, a photograph of myself, ID number and ethnic origin.
2. I understand that the information I provide will not be used for any Marketing or Trading Business outside Constantia Bowling Club (CBC) or Bowls South Africa (BSA).
3. I agree to receive SMS'S / WhatsApp / Direct messages /Phone calls with regards to bowling and club matters, using the information that I have provided.
4. I hereby give permission for Constantia Bowling Club (CBC), Western Province Bowls (WPB) and Bowls South Africa (BSA) to hold and process my personal information on the BSA Database for statistical reporting and membership control purposes.
5. I understand that my personal information provided, will be controlled by information officers of Constantia Bowling Club (CBC), Western Province Bowls (WPB) and Bowls South Africa (BSA).
6. I understand that I may request access to the history of my personal information, or request changes to it, at any time through the Club Secretary.
7. I hereby give permission for my photograph to be taken and published under all medias with the intent of promoting the game of bowls through CBC, WPB and BSA.

I, (FULL NAME) \_\_\_\_\_ hereby agree to the above.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

#### PERSONAL INFORMATION

I.D. No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### PROPOSERS

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Captain: \_\_\_\_\_ Signature: \_\_\_\_\_

President: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please note:** Submission of this Application should not be construed as an acceptance of Membership, and no reasons will be given to the applicant should Membership be refused.