



The Investment Specialists

CONSTANTIA BOWLING CLUB

SOCIAL and SOCIAL PLAYING 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) SOCIAL (R650/year) ☐ SOCIAL PLAYING (R1300/year) ☐
(Max. 3 hours/week)

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

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. If I am applying as a SOCIAL PLAYING member, 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.

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

DATE: _____ SIGNATURE: _____

PERSONAL INFORMATION

I.D. No: _____

Postal Address: _____ Postal Code: _____

Cell No: _____ Alternative No: _____ Email Address: _____

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.

PROPOSER'S NAME: _____

SIGNATURE: _____

SECONDER'S NAME: _____

SIGNATURE: _____

MEN'S OR LADIES CAPTAIN: _____

SIGNATURE: _____

CLUB PRESIDENT: _____

SIGNATURE: _____