

TORQUAY BOWLS CLUB INC.

Membership application form for **AFFILIATED BOWLING MEMBERSHIP**

Period from 1st March 2018 to 28th February 2019

I [Full name] Mr/Mrs/Ms/ _____ of _____

Residential or Postal Address _____ Postcode _____

I would like to apply for AFFILIATED MEMBERSHIP
Please tick one

OR I wish to RENEW my Affiliated Membership

Membership No.....

NEW MEMBERS: Your membership fee is required to be **paid prior** to your application being presented to the Board of Management for approval. In the unlikely event that your membership application is unsuccessful, your membership fee will be reimbursed.

RENEWING members do not need to complete address details, but please provide emergency contact information, your email address and phone so that we can check and keep our records accurate and up to date - Please print clearly

Emergency Contact – Required new information

Name.....

Phone No.....

The Club undertakes to hold all member information/data securely, whilst meeting needs of access when required; eg in the event of accident or illness.

Confidential personal details for NEW members or for EXISTING members changing their details

Date of birth	Home Phone	Mobile Phone
Preferred number for use in handbook		
Email address: [please PRINT using upper case]		
Previous bowls experience		
Previous Bowling Club Memberships:		Number of years as member:

By signing below, I agree to conform to the Club's Rules, By-laws and Regulations, including standards of dress and behaviour on the Club's premises. I also consent to my name and contact details being used and published by the Club for the purpose of creating directories of members. I understand that my email address will be used by the Club to send me my Annual Membership Renewal Invoice, but that I can unsubscribe from other email messages from our Whats On address.

Members are required to be in possession of a valid membership card whilst on TBC premises in order to receive service at the bar and to win either of the Club's raffle draws.

Applicant's Signature _____ Date _____

Payment Options – I wish to pay my 2018/19 of \$190 subscription by (Please tick chosen option):-

EFT to BSB 633 000, A/C 1294 15709 [show family name to identify your remittance] and email application or Bank receipt to membership@torquaybowlsclub.com.

OR

Give application form to bar staff and pay per Credit/Debit card / Eftpos or Cash.

Please indicate your preferences for all types of playing competition

Saturday Pennant	
Midweek Pennant	
Twilight Bowls – Wednesday TEAM NAME:-	
Twilight Bowls – Thursday TEAM NAME:-	
Social Bowls	
Service Member – Social Affiliated Bowler (Invitation by Board only)	
Affiliated Junior Bowler (under 18 at 30th June)	

New member applicants : Please allow 2-3 weeks for your Membership card to be produced and sent to you.

Torquay Bowls Club Volunteer Form

[It is a condition of your Affiliated membership to be a volunteer]

This form is to be completed and attached to your membership application/renewal. Volunteering enables the club to reduce some running costs and direct revenue to improving facilities and amenities. Our volunteer army is crucial to the overall operation of the club. Your completion of this survey will make organisation of volunteers easier for operation heads/managers. You are required, as an affiliated member to volunteer for some form of duty unless exempted. Volunteering as a social member is optional but will be much welcomed by the Board

NAME: _____ **Phone No.** _____

EMAIL..... **Please print clearly in capitals**

Membership Type:

Affiliated Day Bowler Affiliated Twilight Bowler Social Member

Please tick at least one Volunteer Function –volunteers will be contacted when required

Volunteer Tasks/Function	Please tick	Volunteer Skills/Function	Please tick
<i>Area of Operation - GREENS DIRECTOR</i>		<i>Area of Operation - BOARD/FACILITIES DIRECTOR</i>	
Opening greens (Options: T / W / Th / F / Sat / Sun)		Carpentry (Certificated)	
Closing greens (Options: T / W / Th / F / Sat / Sun)		Plumbing (Certificated)	
Working Bee Greens (Maintenance of Greens)		Electrical (Certificated)	
		General maintenance	
<i>Area of Operation- Claire Cramer</i>		Window Cleaning	
Working bee – Gardens (Maintenance of Gardens/surrounding areas not including Greens)			
		<i>Area of Operation – BOARD MARKETING DIRECTOR</i>	
<i>Area of Operation – BOWLS/ BOWLS PRESIDENT</i>		Marketing/Sponsorship	
Kitchen duty – Daytime (Options: Tues / Wed / Sat)			
Kitchen duty – Twilight (Options: Wed / Thur)		<i>Area of Operation – BOARD/ MEMBERSHIP DIRECTOR</i>	
Catering for Bowls Tournaments – as required		Volunteer Coordinator/Manager	
Raffles at Bowls events (Options: Tues / Wed / Sat)			
Twilight Bowls Committee – Ladder & Scores Records		<i>Specialist Skills – Area of Operation BOARD OF MANAGEMENT</i>	
		I can volunteer specialist skills in.....	
<i>Area of Operation - CLUB MANAGER</i>			
Barefoot Bowls Assistance (as required)		Secretarial and/or Administration	
Clubhouse furniture supervision (Options: M / T / W / Th / F / Sat / Sun)		Computer skills – please specify: Seeking Word, Excel, Powerpoint	
Bar help: General [e.g. glass collection and table cleaning]		IT Management/Database Management	
Underdeck Storage – Opening and Closing		Newsletter production	
Underdeck Storage and Clubhouse Storage Supervision		Media/Journalism/Photography Skills	
		Seeking (training will be provided)	
		Manager/Archivist/Historian Bowls Club History and Digital file archive	
Do you have a current Working with Children Check?		Friday Night Members' Draw/Meat Raffles (as rostered)	
Do you have a current First Aid Certificate?		Volunteer Coordinator/Manager	
Do you have a current RSA Certificate?			
Expiry Date/s -			

I am aware that as an affiliated member I can seek dispensation from volunteer duties, and that application must be made in writing and forwarded to the Club Secretary. I am aware that the Board will display lists of volunteers to assist roster developers. I am aware that despite not volunteering here, my assistance will be sought throughout the year unless I have written dispensation from the Board.

Signature _____

Date _____