



# SKIPJACKS SOCIAL BOWLS CLUB

ABN 44 752 020 261 Inc 9877681

## APPLICATION FOR MEMBERSHIP

NB: You must be a financial member of the Forster Tuncurry Memorial Services Club to be eligible

for membership of our club. **Please state your FTMSC Membership No.** \_\_\_\_\_

**Please state Membership No. of your State Royal** \_\_\_\_\_

(PLEASE USE CAPITALS)

I (Surname)	(Given Names)
of (Full Address)	
Phone (Home)	Phone (Work)
Phone (Mobile)	Email Address
Occupation	Date of Birth

Do hereby make application for Membership of the Forster Tuncurry Memorial Services Skipjacks Bowls Club and will be liable for Fees in accordance with Regulations of the Club.

Signature of Applicant	Date
Proposed by	Signature
Memb No.	
Seconded by	Signature
Memb No.	

### **Privacy Statement**

The Forster Tuncurry Memorial Services Fishing Club Inc. is subject to the provisions of the Privacy Amendment Act 2001. The personal information provided by you on this form/application and attached documents will be used to process your membership application as required by the Registered Clubs Act. Failure to provide all of the required information will result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you. Your personal information may be used by the Club for marketing purposes. The Club does not usually disclose your personal information to any other organization or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure. To contact the Club Limited about privacy issues, please speak to our Privacy Officer on (02) 6554 6255 or Email: [enquiries@ftmsc.com.au](mailto:enquiries@ftmsc.com.au)

**To join, please enclose \$5 annual fee with this completed form & mail to:  
The Secretary, Skipjacks Social Bowls Club, PO BOX 254, Forster, NSW, 2428**

*(OFFICE USE ONLY)*

Date of Joining	Badge Number
Receipt Number	Acceptance Date