



**EVERGLADES**  
COUNTRY CLUB WOY WOY

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Email: [info@evergladescc.com.au](mailto:info@evergladescc.com.au)  
Website: [www.everglades.net.au](http://www.everglades.net.au)

**APPLICATION FOR BOWLS MEMBERSHIP**

A fee of \$5.00 is payable on Lodgment of this Application

Membership covers 1 July to 30 June each year

**Please Return to the Membership Secretary** (This form must be completed in blue or black ink)

Dear Sir/Madam

I desire to become a Member of Everglades Country Club Limited and hereby agree, if approved, to be bound by the Constitution of the Club

**SURNAME** .....  
(Block Letters)

**GIVEN NAME/S** .....

**MALE**  **FEMALE**  **DATE OF BIRTH** ..... / ..... / .....

**ADDRESS** .....  
..... **POST CODE** .....

**POSTAL ADDRESS** .....

**TELEPHONE** Home ..... Work ..... Fax .....  
Mobile ..... Email .....

**EMERGENCY CONTACT** .....  
(Name) (Contact Number)

**ROYAL NEW SOUTH WALES NUMBER (if applicable)** .....

Are you currently a member of another bowling club? **YES**  **NO**

Are you applying for - **Full Membership** **YES**  **Multi Membership** **YES**

Is Everglades Country Club going to be your home club? **YES**  **NO**

Have you ever had your club membership suspended? **YES**  **NO**

Do you wish to receive marketing and information about our promotions and services? **YES**  **NO**

Our Annual Report appears on our Website. If you wish to receive a printed copy, please tick the box **Copy**

**PROPOSER** .....  
(Full Name) (Signature) (Member Number)

**SECONDER** .....  
(Full Name) (Signature) (Member Number)

Proposer and Secunder must be a full member i.e. Sporting Members of the Club

Special Note: Applicant and Proposer may be required to present themselves before the Committee prior to election to the Club

**DECLARATION** I HEREBY CERTIFY THAT I HAVE ATTAINED THE AGE OF 18 YEARS and my application for membership will not be accepted until the Board of Directors Meeting. I agree to be bound by the Constitution of Everglades Country Club Limited

**SIGNATURE OF APPLICANT** ..... **DATE** .....

**Office Use Only**

Person under the age of 25yrs must produce identification to verify age

**Form of ID** Drivers Licence  Proof of Age Card  Passport

**Receipt No** ..... **Date** ..... / ..... / ..... **Staff Signature** .....

Everglades Country Club is subject to the provisions of the Privacy Act 1998. The personal information provided by you on the form/application and attached documents will be used to process your membership application. Failure to provide all of the requested information may 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. The Club does not usually disclose your personal information to any organisation or person unless there is a legal requirement to do so.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATM's) may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.