



Birkenhead Bowling Club



Address: 95 Mokoia Road
Birkenhead
Auckland

Phone: 09 480 7493
Email: secretary@bowlsbirkenhead.co.nz

Application for Membership 2025-2026

Circle applicable

Applicant:	<i>Surname:</i>	<i>First name:</i>	<i>Also known as:</i>	Male	Female
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Address:	<i>Number and Street:</i>	<i>Suburb:</i>	<i>Post code:</i>
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Contact:	<i>Home phone:</i>	<i>Cell phone:</i>	<i>Email:</i>
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Circle applicable *If yes, name of club (clearance certificate required)*

Previous Experience:	Yes	No	<i>Club:</i>	<i>No. of playing years</i>	<i>Grade:</i>	<i>Handicap:</i>
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Circle one as applicable

Membership applied for:	Full	Full (Dual club)	1st Year	Associate	Student Bowler	Social	Overseas Visitor
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Proposed by:	<i>Print Name:</i>	Seconded by:	<i>Print Name:</i>
	<i>Signature:</i>		<i>Signature:</i>

Disclosure under Privacy Act 1993

1. Personal details such as members' names, addresses and telephone numbers will be included on membership lists which may be displayed at the club house and/or circulated to other members.
2. As a condition of its affiliation to Bowls New Zealand, the Club is required each year to forward details of the name, address and telephone number (if relevant) of all members to the Centre for one or more of the following purposes:
 - (a) to be kept as part of the Centre records, including Centre levy purposes.
 - (b) for publication and distribution in the Centre Handbook (if necessary).
 - (c) to enable the Centre to disclose the information to potential sponsors (if necessary) for the purposes of obtaining Centre sponsorship.
 - (d) to enable the Centre to forward on to Bowls New Zealand in accordance with the requirements of the Constitution of Bowls New Zealand for the Association's own records and for disclosure to potential sponsors (if necessary) for the purposes of obtaining sponsorship for Bowls New Zealand.

Application for Membership continued over page



The Birkenhead Bowling Club - Temporary Membership Card

Temporary Membership Card is not available with website membership applications

Proof of Identification must be verified at the Club

Temporary Membership Card must be physically issued at the Club

Subscriptions 2025-26

Subscriptions are for the 12 months 1 July - 30 June or part there of

Membership Type	Full Fee (\$)	Discount* (\$)
Full	280	220
Full (with 20 years plus continuous membership)	140	120
Full (couples either married, civil union or de facto)	430	300
Full (over 80 years of age and 10 years plus continuous in Club)	140	120
Social	50	
Associate	80	
1 st Year & Students	50	
Overseas Visitors (extended stay)	220	

*Existing members MUST pay their subscriptions on or before Opening Day 2025 to qualify for the discounted fee.

Proof of Identification

One form of photo identification to be sighted and signed off

Tick one as applicable

<input type="checkbox"/>	New Zealand passport: _____	<input type="checkbox"/>	New Zealand driver licence: _____
<input type="checkbox"/>	New Zealand firearms licence: _____	<input type="checkbox"/>	18+ card or Kiwi Access Card: _____
<input type="checkbox"/>	Other (please state): _____		

OFFICIAL
USE ONLY

Photo ID sighted and number recorded by Board Member:
Name & Signature of Board Member: _____

Date: _____

Appropriate subscription must accompany this application before it is considered by the Board

Declaration:

I declare that the information provided in this application is true, correct and complete, that no information that would have a bearing on my admission has been withheld and that I am the legitimate owner of the identity being claimed. I also understand that any wilful dishonesty may render for refusal of this application or immediate termination of membership.

If accepted, I undertake to fulfil all my financial and other obligations to the club until such time as my resignation, **submitted to the Secretary in writing**, has been accepted by the Board.

I agree to abide by the Constitution and Regulations of the Birkenhead Bowling Club. I have read and agree to abide by the Birkenhead Bowling Club Code of Conduct.

For Disclosure under Privacy Act 1993 statement refer over page.

Signature of applicant: _____

Date: _____

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Subscription received:
\$ _____

Receipt No.: _____

Photo ID: _____

Date Approved: _____

Clearance Cert Received: _____



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