



Shore City Rollers Backgammon Club Inc

Application for Membership

Email: shorecityrollers@gmail.com

Applicant:	Mr/Mrs/Ms/Miss/Other: Surname:	First name:	Preferred name:
Address:	Number and Street:	Suburb:	Post code:
Date of Birth:	Required if applying for Junior Membership	Gender:	Circle applicable Male / Female / Other
Contact:	Home phone:	Cell phone:	Email:
Backgammon Experience:	Circle applicable Beginner / Novice / Intermediate / Advanced / Expert		
Class/Type of Membership:	Circle applicable Full Member / Junior Member		
	<i>Note: Junior Member must be Under 18 years of age as at 1 July of the current membership year (12 month period from 1 July - 30 June), proof of age may be required for verification.</i>		

Membership Subscriptions 2025-26

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

Full Member \$60

Junior Member \$20

The Appropriate Membership Subscription must accompany this application before it is considered by the Committee.

Membership Subscriptions, can be paid on line into **BNZ Account: Shore City Rollers Backgammon Club Inc**
 Account number: **02-1257-0100861-000** (Use Reference: SUB-"your name") or directly to the Club Treasurer.

Privacy Act: The Club will use information collected for the purpose for which it is collected and for such other secondary purposes that are related to the primary purpose of collection. We generally use personal information to communicate directly with members, complete delivery of our products and services to you and to help manage and enhance our products and services. Members have the right to seek access to personal information held about them and must advise Shore City Rollers Backgammon Club Inc. through the Club Secretary of any inaccuracy or changes. There are some exceptions to this right set out in the Privacy Act. If you make an access request, we will ask you to verify your identity and specify what information you require.

Declaration:

I, _____ desire to become a member of the Shore City Rollers Backgammon Club Inc. I declare that the information on this form is true and correct and that I will abide by the Club constitution, rules, regulations and code of conduct. I am aware that a copy of these documents can be obtained from the Club Secretary. I acknowledge by the signing this application form that I have authorised the Club to obtain, check, exchange and supply information to members of the Club, ANZGBGF (Australia New Zealand Backgammon Federation) and club partners/sponsors and organizations that the Shore City Rollers Backgammon Club Inc. has affiliations with. The member is entitled under the privacy act 1993, to have access to, and request the correction of, personal information held by the Shore City Rollers Backgammon Club Inc., about the applicant. I acknowledge that I have read the Privacy Statement above, and acknowledge that the Club will make enquiries into my suitability as a member and should my application for membership be refused, the Club is not required to supply a reason for that refusal.

Signature of applicant:

Date:

OFFICIAL USE ONLY	Subscription received: \$ Online/Cash	Receipt No.:	Date Approved:	Membership No:
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