



MACKAY NORTHERN BEACHES BOWLS CLUB INC
2 ROSEWOOD DRIVE, RURAL VIEW, MACKAY QLD 4740

Phone No: - 07 4954 8677

Fax No: - 07 4954 8670

APPLICATION FOR FULL (BOWLING) MEMBERSHIP

Full Name: _____

Address: _____

Occupation: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Are you currently a member of a Bowls Club? Yes or No

If yes, please state name and address of club: _____

Qualifications: (PLEASE CIRCLE) Umpire – Coach – Masters – Singles – Pairs – Triples – Fours

Have you ever been suspended, expelled, or refused admission to any Bowls Club? Yes or No

If "YES" please enter name and address of Club: _____

If you are, or have been, a member of a Bowls Club, have you fulfilled all financial obligations? Yes/No

If "Yes" are clearances attached? Yes or No

Do you, or did you ever, hold an administrative position in a Bowls Club? Yes or No

If "Yes" please give details: _____

If accepted, do you intend to play the Game of Bowls? Yes or No

Declaration:

The information stated on this form is true and correct, and if accepted for membership, I agree to comply with, and be bound by, the constitution, rules, and By-Laws of the Club.

Signature of applicant: _____ Date: _____

Proposed by: _____ Signature: _____

Seconded by: _____ Signature: _____

Fees are payable as follows to 30th June each year

Yearly fees of \$80.00 applies.

I enclose fees as follows:

Membership (inset amount) \$80.00

OFFICE USE ONLY

Nomination fees received by: _____ Date: _____ Receipt No: _____

Dated accepted: _____ Balance payable: _____ Registered: _____

Membership Number: _____