



MALENY BOWLS CLUB INC,
8 Bunya Street, Maleny, Qld 4552 Phone: 54942335

Email: secretary@malenybowlsclub.com.au

APPLICATION FOR FULL MEMBERSHIP

DATE:

FULL NAME: **DATE OF BIRTH:**

ADDRESS:

EMAIL: **PHONE:**

EMERGENCY CONTACTS:

NAME.....**Phone**.....**Relationship**.....

OCCUPATION:

ARE YOU A CURRENT MEMBER OF ANOTHER BOWLS CLUB? YES/NO

IF YES, please state name/s of club/s:

HAVE YOU IN QUEENSLAND OR ELSEWHERE - been suspended, expelled or refused admission to any bowls club? YES/NO If Yes, list the name of the club/s

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

YES, you will need to provide a clearance from your previous club

Do you, or have you ever, held any administrative position in any club? YES/NO

If so, please list such positions:

If accepted as a member of this club, do you intend to play bowls? YES/NO

STATEMENT: If elected to membership, I agree to comply with and be bound by, the Constitution, Rules and Bylaws of Maleny Bowls Club Inc.

[Signature of proposed member]

I enclose **NOMINATION FEE** of \$ according to the Club Constitution/Rules. The Annual Club Membership Fee of \$ covers the period 1st January to 31st December. If elected to full membership all fees payable will be advised in your letter of welcome.

NOMINATED BY: **MEMBER NO:** **SIGNED:**

SECONDED BY: **MEMBER NO:** **SIGNED:**

NOMINATION FEE RECEIVED: **RECEIPT NO:** **DATE:**

DATE OF ACCEPTANCE: **LETTER SENT:**

MEMBERSHIP FEE RECEIVED: **MEMBER NO:**