

MERMAID BEACH BOWLS CLUB INC.

APPLICATION FOR FULL MEMBERSHIP

SURNAME.....GIVEN NAMES.....
(Block Letters Please)

ADDRESS.....

.....POST CODE.....

OCCUPATION TEL:..... BIRTHDATE

Are you at present a member of a bowls club? Yes No

If YES, name of club State.....

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

Have you obtained a clearance? (If yes, please attach) Yes No

Do you or did you ever hold any administrative position in a bowls club? Yes No

Qualifications held: **Umpire:** Yes No **Coach:** Yes No

If "Yes": Certificate Number: Expiry Date:

Master Status: Singles Pairs Triples Fours

"B" Grade: Singles Pairs Triples Fours

Have you ever been suspended, expelled or refused admission to any bowls club? Yes No

Do you agree to your information being used for promotional activities? Yes No

If accepted as a member I agree to comply with and be bound by the constitution, rules and by-laws of the club. I hereby agree that if my application for membership of the above club is rejected I have no right of action whatever at law or in equity or other remedy whatsoever by reason of such rejection.

I understand that membership fees are due and payable within 30 days of acceptance otherwise this application will become null and void.

NOMINATED BY.....SIGNATURE.....
(Block letters)

SECONDED BYSIGNATURE.....
(Block letters)

SIGNATURE OF PROPOSED MEMBER Date.....