



# NORTHERN SUBURBS BOWLS CLUB INC.

175 Edinburgh Castle Road, **Wavell Heights** Qld 4012

## Application for Bowls Membership

The information given on this form will only be used for club purposes and not given to any other person or organisation

**Ordinary (Full Playing)**

**Associate**

**Junior**

Application fee: Ordinary & Associate - **\$15.00**

Junior: No charge

**NOTE: PLEASE PRINT CLEARLY and CIRCLE where appropriate**

Mr / Mrs / Miss / Ms

D.O.B.: ...../...../.....

First Name: ..... Surname: .....

Address: ..... P/code: .....

Occupation: ..... Email :.....,.....,.....

Phone No: (Mobile) ..... (Home) .....

Emergency Contact Person: ..... (Ph#) .....

Are you currently a member of any Bowls Club? Y / N

If 'Y' name of club(s) ..... Clearance provided Y / N

Have you fulfilled all financial obligation to the above stated club(s) Y / N

Do you intend to declare for Northern Suburbs Bowls Club? Y / N

Have you ever been suspended or refused membership to any Club? Y / N

If 'Y', name of club(s): ..... Reason: .....

Bowls Qualifications: Umpire / Measurer / Marker / Coach

Committee Position(s) held in a Bowls Club Y / N

Position: ..... Club: .....

**NOTE: Beginners must receive lessons from a club coach prior to participating in club bowls.**

*If granted membership:*

1. I agree to comply with and be bound by the Constitution, By-Laws and Policies of the Club. Initials .....
2. I understand the club will retain a record of my personal details and photo ID check in the register of Members. Initials .....
3. I do / do not consent to the details of my name, phone number/s & email address being published in the Member's Phone Book. Initials .....
4. I confirm I am and will remain fully vaccinated against Covid-19, as per Qld Health guidelines. Initials .....

Proposer: ..... Signature: ..... M'ship #: .....

Seconder: ..... Signature: ..... M'ship #: .....

Signature of Applicant: ..... Date: ...../...../.....

### **STAFF to complete and put in Secretary's tray**

Received the sum of \$..... Receipt attached  Date: ...../...../.....

Copy of Photo ID sighted  COVID Vaccination status sighted  Staff initials .....

**SECRETARY to complete**

Member's name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Vaccination status recorded in Vaccination Status Register: \_\_\_ / \_\_\_ / \_\_\_

Date of Acceptance: \_\_\_ / \_\_\_ / \_\_\_

Date ratified by Board: \_\_\_ / \_\_\_ / \_\_\_ Disk No: \_\_\_\_\_

Fee to pay: \$ \_\_\_\_\_

Date Membership details entered in Member Register/Database: \_\_\_ / \_\_\_ / \_\_\_

Date Acceptance Letter emailed: \_\_\_ / \_\_\_ / \_\_\_

Date fees received: \_\_\_ / \_\_\_ / \_\_\_

Date Membership Card issued: \_\_\_ / \_\_\_ / \_\_\_