



NORTHERN SUBURBS BOWLS CLUB INC.

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

Application for Social Membership

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

Application fee: **\$5.50** (renewable 31st Dec yearly)

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 other Club? Y / N

If 'Y' name of club(s)

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

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

..... Reason:

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 confirm I am and will remain fully vaccinated against Covid-19, as per Qld Health guidelines. Initials

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: ___ / ___ / ___