



CLUB HELENSVALE



Application for Bowling Membership

We hereby nominate (full name) MR/MRS/MS/MISS _____
to be a member of the Club

Proposer: _____
PRINT

Secunder: _____
PRINT

SIGN

SIGN

PERSONAL DETAILS

Address: _____

P/Code: _____

Date of Birth _____

Postal Address: _____

P/Code: _____

Telephone: _____

Mobile: _____

Occupation _____

Do you give permission for your phone number to be given out to other bowlers? YES NO

Are you or have you at any time been another member of a bowls club? YES NO

IF YES – give name(s) of club(s) and approximate date(s) of clearance _____

Have you played pennant or championships for another club this calendar year? YES NO

Will you be a declared or non declared bowling member of this club? _____

Do/did you hold any administrative office? YES NO

IF YES – give position(s) _____

Have you provided your clearance letter? Yes No

Are you an accredited umpire? Yes No

Are you an accredited coach? Yes No

Have you won championships? Yes No

IF YES – give details _____

Please note New Members must be accredited by a coach prior to playing in any organised event

I hereby agree to become a bowling member of Club Helensvale and to be bound by the Memorandum and Articles of Association, the Constitution, Rules and By-Laws of the Club for the time being in force.

APPLICANTS SIGNATURE: _____

Date: _____

This information will be treated strictly confidential in accordance with the Queensland Club Industry Privacy Code

OFFICE USE ONLY

Receipt Number _____

Date _____

Member # _____

Rec'd by _____