

**KINGAROY BOWLS CLUB INC—APPLICATION FOR FULL MEMBERSHIP
(PLEASE PRINT ANSWERS)**

FULL NAME OF APPLICANT _____

ADDRESS _____

DATE OF APPLICATION _____ M / F

TELEPHONE NO _____ MOBILE _____

EMAIL ADDRESS _____

PRESENT OCCUPATION _____ DATE OF BIRTH _____

ARE YOU CURRENTLY A MEMBER OF A BOWLS CLUB? YES / NO

IF YES PLEASE ADVISE NAME OF CLUB _____

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM OR REFUSED ADMISSION TO ANY
BOWLS CLUB? YES / NO IF YES PLEASE ADVISE NAME OF CLUB _____

ARE YOU TRANSFERRING FROM ANOTHER CLUB? YES / NO

IF YES IS CLEARANCE FORM ATTACHED? YES / NO

HAVE YOU EVER BEEN A MEMBER OF A BOWLS CLUB? YES / NO

IF YES PLEASE ADVISE NAME OF CLUB _____

HAVE YOU WON A CLUB CHAMPIONSHIP? YES / NO YEAR _____

DO YOU HOLD ANY BOWLS QUALIFICATIONS?

UMPIRE YES / NO

COACH YES / NO

MEASURER YES / NO

AS A MEMBER OF A BOWLS CLUB HAVE YOU EVER HELD ANY ADMINISTRATIVE POSITION?

YES / NO IF YES WOULD YOU PLEASE LIST SUCH POSITION _____

IF ADMITTED TO MEMBERSHIP DO YOU INTEND TO PLAY BOWLS? YES / NO

WOULD YOU LIKE TO BE A VOLUNTEER? YES / NO

IF ELECTED TO MEMBERSHIP I AGREE TO COMPLY WITH AND BE BOUND BY THE CONSTITUTION,
RULES AND BY-LAWS OF THE CLUB

SIGNATURE OF APPLICANT _____

NOMINATED BY MEMBER _____ SIGNATURE _____

SECONDED BY MEMBER _____ SIGNATURE _____

A CLUB COACH IS AVAILABLE IF REQUIRED

FEES PAYABLE— MEN \$110.00 PER ANNUM TO 31 DECEMBER OR PRO RATA
LADIES \$105.00 PER ANNUM TO 31 DECEMBER OR PRO RATA

DATE OF ACCEPTANCE OF APPLICATION _____

FEES RECEIVED _____

REC NO _____