



St Lucia Bowling Club Inc

Application for Full/Junior/ Membership

I hereby make application to become a FULL / JUNIOR Member of the St. Lucia Bowling Club inc, and if accepted, agree to be bound by its Rules and By-Laws

***** PLEASE PRINT CLEARLY *****

SURNAME.....GIVEN NAMES.....

ADDRESS.....SUBURB.....

POST CODE..... PHONE.....DATE OF BIRTH.....

MOBILE No.....e-mail ADDRESS.....

I PREFER TO BE CALLED.....PRESENT/PREVIOUS OCCUPATION.....

Are you presently a Member of a Bowls Club? Yes/No. Name of Club *.....
*If yes, please ask your Club for a Clearance certificate

What Bowls Clubs have you been a member of in the past?.....

What offices have you held in a bowling club or a District Association?.....

Have you won a Club Championship singles?.....Year and where.....

Pairs?.....Triples?.....Fours?.....

How introduced to the Club?
e.g. Open day, Friend, Advertisement etc.

I DECLARE that I have never been and am not currently under notice of suspension or expulsion from membership of any bowls club or bowls association and I AUTHORISE the St Lucia Bowling Club, other bowls clubs, District Bowls Associations, Bowls Queensland and Bowls Australia to exchange information about me relating in any way to my membership with this club or any other club (including but not limited to previous suspensions, expulsion, conduct prejudicial to the interests, image or welfare of the club, the relevant Bowls Associations or the game of bowls and the like).

This application to be accompanied by a Nomination Fee of \$20 which is required for processing by Bowls Queensland.

Applicants Signature.....Date.....

. If you are accepted for membership, your Annual Subscription will be assessed on a pro rata basis. Our subscription year commences on 1st June.

Proposed by.....Seconded

<u>CLUB USE:</u> Interviewed by.....	
Recommendation/Comments.....	
Nomination Fee received \$	Membership No.....
Approved by Council	Date / /