



Mt Gravatt Bowls Club Inc.

1873 Logan Rd, Upper Mt Gravatt, Queensland 4122, Australia

P.O. Box 34, Mt Gravatt, Queensland 4122, Australia

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ABN 42025331435

Admin & Selectors Office: 07 3349 2367 - Fax: 07 3349 2787 - Bare foot Bowls: 07 3219 3388

MEMBERSHIP APPLICATION FORM

Mr. Mrs. Ms, Miss: (Please Print) _____
Surname Given Names

Address: _____ Postcode: _____

Date of Birth: ___/___/_____ Contact Number(s): _____

Email: _____ Next of Kin: _____

Next of Kin Contact Number: _____ Do you require Coaching? Yes / No (Please Circle).

Are you presently a member, or have been a past member of any other Bowls Club? Yes / No

If **YES** a **Clearance** must be obtained from your present, or past club and attached to this application.

(Note: Clearances are only valid for 3 months from date of issue).

Name of Club: _____ Are you financial? Yes / No

Do you intend to remain a member of your present Club if you join this club? Yes / No

Number of years Bowling experience: _____ Pennant Division: _____ Preferred Position: _____

Championships won (if any): _____

List any Coaching or Umpire certificates held: _____

List any official positions held in a Club: _____

Conditions of Membership

I certify that: (a) I am not less than (18) years of age. (b) I am interested in playing the game of Bowls. (c) I am prepared to support and promote the welfare of the Club and the Game of Bowls. (d) I am of good character and will be compatible with other Members. (e) I am free of indebtedness to any Club, any District Bowls Assn. or any State Bowls Association and not under an order or notice of Suspension or Expulsion from any Bowls Club or Bowls Authority. (f) will observe the Etiquette of the Game of Bowls. (g) I acknowledge having received a copy of the Club Constitution along with copies of policy and procedure for sexual harassment, discrimination harassment and bullying prevention. (h) I agree to read the above documents within 2 weeks. (i) I agree to abide by all policies implemented by the Bowls Club presently and from time to time.

If this application is approved, I agree to comply with and be bound by the Club Constitution and By-Laws.

Applicants Signature: _____ Date: ___/___/_____
(Signature of Parent or Guardian if under the age of 18)

A Nomination Fee of \$25.00 to accompany this form.

Office Use Only

Member No: _____ Due Date: ___/___/_____ Coaches Notified Yes/No _____ Bowls Qld No: _____

Nomination Fee Paid: ___/___/_____ Amount: \$ _____ Receipt Number: _____

Welcome Letter Sent: ___/___/_____ Board Approval: ___/___/_____ Approval Letter Sent: ___/___/_____

Subscription Fee Paid: ___/___/_____ Amount: \$ _____ Receipt Number: _____