

MEMBERSHIP APPLICATION

NEW/RENEWAL

Yearly membership expires on the 30th of June

Please print **NEATLY** and mark all applicable boxes



Mackay NORTHERN BEACHES Bowls Club Inc.

2 ROSEWOOD DRIVE, RURAL VIEW, MACKAY QLD 4740

Phone: 07 4954 8677

Email: fd@nbbowls.com.au

I, the undersigned, hereby apply for membership of MNBBC

If Known, QLD Member #:

MENS **WOMENS**

If known, MNBBC Card #:

SURNAME NAME: **GIVEN NAMES:** **SEX:** M / F

CONTACT PHONE No(s): **DATE OF BIRTH:** ... / ... /

EMERGENCY CONTACT: **RELATIONSHIP:** **PHONE:**

If under 18 years of age, **GUARDIAN NAME:** **PHONE:**

ADDRESS: **Post Code**

EMAIL ADDRESS: **RECEIVE CLUB ANNOUCMENTS VIA EMAIL?**

- CURRENTLY A MEMBER OF OTHER BOWLS CLUB(s)? YES / NO Other club(s):
- PREVIOUS BOWLING CLUB(s) MEMBERSHIP (if any):
- WON CLUB SINGLES CHAMPIONSHIP (OPEN or B grade)? YES / NO : Year: Club:
- IF ACCEPTED AS A FULL MEMBER, DO YOU INTEND TO PLAY BOWLS? YES / NO
- BOWLS QUALIFICATIONS: MEASURER , UMPIRE , CLUB COACH , ADVANCED COACH
- I WOULD LIKE TO PLAY PENNANT BOWLS: YES / NO
- MOST RECENT PENNANT PLAY (if any): Year: Division: Position/s:

RECORD **MNBBC** AS YOUR **DECLARED CLUB** FOR BOWLS QLD CHAMPIONSHIP EVENTS? YES / NO

IF YOU ARE / HAVE BEEN A MEMBER AT ANOTHER CLUB ANYWHERE IN QUEENSLAND, AUSTRALIA OR OVERSEAS:

1. Have all your financial obligations to your former club(s) been met? YES / NO .
2. Present a written clearance from previous club(s) and attach it to this application together with qualifications.

HAVE YOU HELD POSITIONS OF OFFICE IN ANY SPORTING CLUB? YES / NO

If so, please state them:

If accepted as a member of the club I agree to comply and be bound by the constitution, rules and by-laws of the club, and the rules and regulations of bowls Australia and bowls Queensland, as appropriate. Renewals DO NOT require nominee or seconder.

NOMINATED BY (Life or full member) **SIGNATURE**.....

SECONDED BY (Life or full member) **SIGNATURE**.....

RENEWER/APPLICANT SIGNATURE: **DATE:** / /

NOMINATION FEE OF \$11 PLUS YEARLY FEES OF \$85 MUST ACCOMPANY THIS APPLICATION. TOTAL \$96.

(HALF YEARLY FEES OF \$42.50 APPLIES AFTER JANUARY AND UP TO JUNE.)

I ENCLOSE FEES AS FOLLOWS: MEMBERSHIP (INSET AMOUNT): \$.....

OFFICE USE ONLY

NOMINATION FEES RECEIVED BY: _____ DATE: _____ RECEIPT NO: _____

DATED ACCEPTED: _____ BALANCE PAYABLE: _____ REGISTERED: _____

MEMBERSHIP NUMBER: _____