

MEMBERSHIP APPLICATION *Club Northern Beaches*

NEW/RE-JOINING

Yearly membership expires on the 30th of June

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

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, **BowlsLink NIN #**:

MENS **WOMENS** **JUNIOR MEMBER**

If Social/Previously a Member, MNBBC Card #:

SURNAME: **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 ANNOUCEMENTS VIA EMAIL?**

- CURRENTLY A MEMBER OF OTHER BOWLS CLUB(S)? YES / NO Other club(s):
- RECORD MNBBC AS YOUR **PRIMARY CLUB** FOR BOWLS QLD CHAMPIONSHIP EVENTS? YES / NO

- BOWLS QUALIFICATIONS: MEASURER , UMPIRE , CLUB COACH , ADVANCED COACH

Please attach current qualifications, if applicable.

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

Have all your financial obligations to your former club(s) been met? YES / NO

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 Queensland and Bowls Australia, as appropriate. I declare that I am not currently and have never been under Notice of Suspension or Expulsion from any Bowls Club or Bowls Association.

(Re-joining Club - DO NOT require nominee or seconder)

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

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

APPLICANT SIGNATURE: **DATE**: / /

NOMINATION FEE OF \$13 (for New Members) PLUS YEARLY FEES OF \$95 MUST ACCOMPANY THIS APPLICATION.

TOTAL \$108.00

(HALF YEARLY FEES OF \$47.50 APPLY FEBRUARY TO JUNE.)

I ENCLOSE FEES : \$.....

OFFICE USE ONLY

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

DATED ACCEPTED: _____ **AMOUNT PAID \$** _____ **REGISTERED**: _____

MEMBERSHIP NUMBER: _____

DATE APPROVED & ACCEPTED BY BOWLS COMMITTEE: _____