

# CLUB MUSGRAVE

Cnr Musgrave & Kumbari Aves, Southport. Tel: (07) 5532 1277

## MUSGRAVE HILL BOWLS CLUB APPLICATION FOR MEMBERSHIP

I \_\_\_\_\_

Of \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Hereby apply for ordinary membership of the above Club and, if approved, agree to be bound by the respective Constitution, Rules and Bylaws.

Do you have a Social Membership with Club Musgrave YES / NO  
If Yes : Member # \_\_\_\_\_

Have you ever, in Queensland or elsewhere, been refused Membership of a Bowls Club? YES / NO

Are you or have you been a member of another Bowls Club? YES / NO

Name of Club and Location: \_\_\_\_\_

If remaining a member of another Club, state which Club you declare as your home club.

\_\_\_\_\_

Championships won, if any \_\_\_\_\_

Are you a National Umpire? YES / NO Badge No: \_\_\_\_\_

Are you an Accredited Coach? YES / NO Certificate No: \_\_\_\_\_

### A NOMINATION FEE OF \$10.00 MUST ACCOMPANY THIS APPLICATION

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposer \_\_\_\_\_ Print Name \_\_\_\_\_

Secunder \_\_\_\_\_ Print Name \_\_\_\_\_

Application Received \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

Secretary/Manager \_\_\_\_\_ Bowls Sec. \_\_\_\_\_

DECLARATION AND AUTHORISATION: 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 Musgrave Hill Bowls Club, other bowls clubs (whether or not affiliated with Bowls Queensland), District Bowls Associations and Bowls Australia Inc. to exchange information (at any time, whether or not I hold a current club membership) about me relating in any way to my membership with this club or any other bowls club including, but not limited to, previous suspensions, expulsion, conduct prejudicial to the interests, image or welfare of the club, Bowls Queensland or the game of bowls and the like).

Office Only: Receipt No: \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

New Member \_\_\_\_\_ Transferee \_\_\_\_\_ Letter Sent \_\_\_\_\_