

BARDON BOWLS CLUB – MEMBERSHIP APPLICATION FORM



Full Name			
Preferred First Name		Date of Birth	___ / ___ / ___
Address			
Suburb & Postcode			
Home Phone		Mobile Phone	
Email Address			
Application Type	<input type="checkbox"/> Social Membership <input type="checkbox"/> Full Membership		

Have you ever been a member of a Bowls Club?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, in Queensland or elsewhere, been suspended, expelled or refused membership or admission to any Club?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
If accepted as a Member of this Club, do you intend to play bowls?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever held an administrative position in any Club?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration
I hereby declare that: <ul style="list-style-type: none"> • I am over the age of eighteen (18) years and of good repute and character and interested in the game of lawn bowls; and • If elected to membership, I agree to comply with and be bound by the constitution and by-laws of the Club as from time to time in force; and I hereby authorise Bardon Bowls Club Inc, 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 Club (including but not limited to, previous suspensions, expulsions, conduct prejudicial to the interests, image or welfare of the Club, Bowls Queensland and / or the game of bowls and the like).

Signature of Applicant _____ Date ___ / ___ / ___

Nominated by _____ Date ___ / ___ / ___

Seconded by _____ Date ___ / ___ / ___

OFFICE USE: Paid: _____ Member Number: _____ Card Issued: _____
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